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N. S. DAVIS, M.D., EDITOR.

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Original Contributions.

ARTICLE XXXVIII.

TWO EXTRAORDINARY FORMS OF RECTAL FISTULA.

BY E. ANDREWS, M.D., Prof. of Principles and Practice of Surgery, Chicago Medical College.

I occasionally find practitioners of great general skill completely puzzled and confounded by the occurrence of unusual forms of intestinal fistula. The following examples are instructive in this connection:—

Case 1.—Annie B., æt. 12 years, was placed under my charge in the third stage of hip-disease. As she seemed likely to die of the irritation and suppuration, I exsected the carious head of the femur. This operation greatly improved her condition, so that she shortly began to recover flesh and strength.

At one of my visits, the mother stated to me that the child passed air from the intestines through the wound. Though rather incredulous on the subject, I tested the matter by injecting the rectum full of tepid water, when I found that it flowed out in a small but continuous stream from the incision by the trochanter. By making pressure at various places near the anus, I discovered a point where the fistulous canal crossed the tuberosity of the ischium, and where the touch of the finger would stop the flow of water from the wound. Taking a scal-

pel, I cut down upon this point, opened the fistula, and found that the water flowed freely out. Passing a probe along its track, towards the anus, I cut down again upon it, at a point pretty near the verge. Inserting the probe again at this point, I had no difficulty in following the sinus into the rectum, and effected a cure by cutting the sphincter in the usual manner.

Case 2.—Mrs. F. had an old femoral hernia, which at one time had terminated in an artificial anus in the groin, but had subsequently healed. I was some years afterwards called in for a new trouble. The whole circumference, almost, of the left hip was chronically swollen, and very tender. There was severe pain along the sciatic nerve, and great exhaustion and emaciation, which, unless relieved, was plainly destined to end in her death. On examination, the inflammation did not appear to be connected with the joint. The swelling fluctuated under the finger, and gave a distinct succussion upon coughing. Its entire circumference was resonant upon percussion, and pressure caused a gurgling noise, which proved the existence of air in the whole gluteal region, and also in the external part of the groin.

The case perplexed all who saw it, but was generally believed to be a hernia through the sciatic notch. On examination, I was dissatisfied with this explanation, because the tumor had no definite outline, like a true hernia, as well as because it was too tender, and quite irreducible. On inquiry, I found that the patient passed a considerable quantity of pus every day at stool, with some blood. Following up this hint, I injected the rectum full of air, and found that in this way I could easily fill up and distend the tumor, showing the connection between them.

With the concurrence of Dr. Ernz Schmidt, whose views coincided with mine, I determined to operate. The patient being placed under the influence of ether, I made an incision about half way between the trochanter and the border of the sacrum, down to the gluteus maximus muscle. Next carefully dividing the muscular tissue, as if coming down upon a hernial sac, I opened the cavity. There was no intestine present, but a

large cavity, from which rushed a quantity of fetid gas, followed by some pus mingled with decayed fecal matter. Upon injecting the rectum full of tepid water, the fluid ran freely out of the wound. Bearing in mind the course of the fistula in the previous case, I carefully sought along the ischium and all adjacent parts for some point where pressure would stop the flow of water, but in vain; after a full exploration, it became evident that the sinus had a deeper course. Next passing a probe into the cavity, the fistula was found to run through the sciatic notch, above the greater ligament, and its opening, large enough to admit the point of the finger, could be felt on the side of the rectum by exploring that viscus. As there are too many important organs occupying the notch to allow of the enormous cut which would be required to open down to the anus, as in ordinary fistulas, it became necessary to devise other measures.

So far as I know, there is no published authority for a surgeon's guidance in such a case, and therefore it was requisite to act on general principles. I first enlarged the external incision towards the notch, so as to give as straight and short a fistula as possible, thus preventing the vast sac-like cavity from being any more distended, and giving it an opportunity to collapse and heal down as far as the edge of the incision. The next step was to introduce the index finger into the rectum, and grasping the sphincters between it and the thumb, to cut them through at one stroke. The retaining power of the anus being thus temporarily destroyed, I hoped that the contents of the rectum would pass straight downward, and give an opportunity for the fistula above to close.

The result surpassed my expectations. For a few days the sac continued to discharge its accumulation of old fæces, after which it sent forth clean pus, with occasionally a little flatus from the fistula. The sac collapsed, granulated rapidly, and was obliterated; the pain of the sciatic nerve ceased; the patient began to grow strong and fat, and in every way to present a striking improvement. At present, the fistula is almost entirely closed, but has occasionally bubbled out a little air.

It is contracting so rapidly that it seems likely to become completely obliterated without further interference. The patient is walking about, and even going out on visits, and is entirely freed from the danger which a few weeks ago threatened her life.

ARTICLE XXXIX.

ANCHYLOSIS OF THE KNEE.

By J. S. SHERMAN, M.D., Chicago.

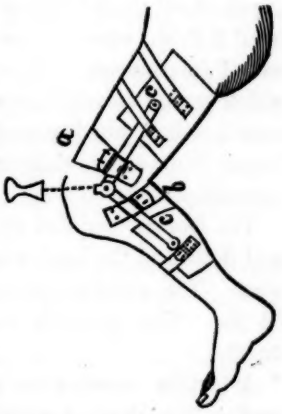
Of all deformities resulting from diseases of joints, none yield quicker, or show better results from treatment, than those of the knee. Its position is such that mechanical force can be used to great advantage.

Yet failures to completely straighten these limbs are not uncommon results, and they are generally due to two causes: First, the force used to extend them is not sufficient; second, the relative position of the bones is not recognized. If we flex the knee, the tibia is carried backward upon the posterior portion of the articulating surface of the femur, and in order to extend it, and restore its position to a straight line, we must not only extend, but bring the head of the bone forward. It is from failure to accomplish this that deformity of the knee remains after the foot has been brought to the ground; and the joint presents the appearance of a partial dislocation backwards.

The ligaments at the posterior part of the joint are not sufficiently elongated to allow the tibia to resume its natural position upon the femur. The latter, therefore, with the patella, project beyond the spine of the tibia.

If the anchylosis is of a character justifying immediate extension, the limb may be brought down by forcibly rupturing the ligaments. If the slow method is preferred, the apparatus figured will be found most satisfactory in its action. It is capable of all the power produced by the old method of extension by means of a rod and screw. It distributes the pressure

evenly upon the thigh and calf, and with it the limb can be carried beyond a straight line, which is often absolutely necessary to prevent future contraction. Its force has a double bearing—bringing the tibia forward as well as extending it.



The construction is simple, and, applied as represented in the cut, its action is efficient. Two pieces of sheet-iron, bent to fit the thigh and calf, are connected on the sides by a steel bar, provided with a ratchet opposite the knee-joint, and attached at the points (*c*, *c*) with a *movable* rivet, so that their motion in straightening the limb does not change the position of the sheet-iron plates, but allows them still to keep perfectly in contact with the limb. Two strong elastic bands (*a*, *b*) are buckled to the side-rods; one passing over the femur, and drawing it backward; the other behind the tibia, forcing it forward. Extension is made by means of the ratchet at the knee. The bringing forward of the tibia may be accomplished by putting the patient to bed, enclosing the leg in a plaster bandage, and applying the force by means of a pulley and weight. But the majority of these patients are able to get about with crutches, and confinement to bed should be avoided, if possible.

ARTICLE XL.

RUPTURE OF THE WOMB—RECOVERY.

REPORTED BY S. A. McWILLIAMS, A.M., M.D., Chicago.

Dr. David B. Taylor, Milbourne, Lake Co., Ill., was called May 27, 1868, about 9 A.M., to attend Mrs. Hinkle, a farmer's wife, living one mile distant, in her eighth confinement, at full term. All her previous labors, except the last, were severe.

The lady is of German birth, 40 years old; has given birth twice to twins, and has now five children living.

Upon examination, the Doctor found the os uteri about an inch dilated, and the head presenting. The liquor amnii had escaped about three hours previously. The pains continued light, until 2 P.M., when the os was sufficiently dilated to permit the use of instruments. A severe pain occurred about this time, which caused some progress; in five minutes, a similar one, and soon another, which promised to be still stronger, but suddenly began to die away, while the head gradually receded, and flowing commenced.

The Doctor, satisfied that a rupture had taken place, turned and delivered the head with instruments, unable to do so otherwise. The child—a male—was dead when born, and weighed 8½ lbs. The placenta was found detached, and delivered at once.

A further examination revealed a rupture to the right of the median line, through which the Doctor readily passed his hand, and removed a couple of handfuls of blood, when the womb began to contract rapidly. The woman, being now threatened with syncope, was given three 2-dr. doses of brandy every eight minutes. A Dover's powder being now given, she was allowed to rest 2½ hours. Reaction commenced—pulse 100 per minute. A powder of 3 grs. calomel and ½ gr. opium was ordered to be given every two hours; also, 2 dr. nitrate of potash, to be dissolved in half a tumbler of water, of which a dr. was to be given every hour. During the night, tympanitis set in, became very severe, and lasted about three weeks, subsiding gradually with the diarrhœa. A mush poultice was kept on bowels for the first ten days, when an eruption of vesicles appeared on abdomen.

May 28, 8 A.M.—Pulse 125. Continued solution of potash, and ordered 5 gr. calomel and 1 gr. opium every two hours.

8 P.M.—Omitted solution of potash, and gave 10 gtts. *til. ex.* gelseminum every four hours for forty-eight.

29th, 8 A.M.—Pulse 140. Gave 10 grs. calomel, 1½ gr. opium every three hours for six days, when bowels were moved with an injection of soap-suds.

June 5th.—Pulse 150. Bowels moved about eight times daily for the ensuing week, then gradually improved, and she vomited occasionally during the next three weeks.

Previous remedies omitted. 3 gtts. nitro-muriatic acid given every four hours for thirty-six, and $\frac{1}{3}$ gr. nitrate of silver in solution every four hours.

6th.—Lochial discharge now occurred, for the first time.

After two weeks, a pill of 2 gr. quinia and 1 gr. precipitated carbonate of iron were given every four hours for four or five days, when tympanitis had nearly subsided.

After which, 15 gtts. tr. fierri chlor. and 2 gr. chlorate potass, in syrup, were given four times daily.

The diet consisted mainly of crust, coffee, barley and rice water, for the first two weeks; after which she was able to take bland articles of nourishment.

July 28.—The woman is around, attending to her ordinary household duties.

ARTICLE XLI.

BROMIDE OF AMMONIUM IN DYSMENORRHŒA.

By A. A. DUNN, M.D., Chicago, Ill.

June 10th, 1867, an unmarried lady, aged 32 years, consulted me about her painful monthly periods. She is short, quite plump, without much of the adipose, bowels regular, general health good, cheeks ruddy.

Her mother states that, from her earliest menstrual period down to the date just given, the young lady has had but few occasions of comparative comfort during her "turns." Pain in great severity behind the pubes, in the groins, in the lumbar and sacral regions, in the right leg, in the head, accompanied by flushed face and frequently with febrile movement, ensued nearly always at each return of her courses, which were very regular as to time of return, duration, quality and quantity of flow. The discomfort would commence with the ovarian and uterine engorgement, reach its maximum in from 36 to 60

hours, subsiding after the appearance of the catamenia in full flow.

No attempt at radical relief was made during those long years, so far as I could learn. Occasionally, a physician was called in to afford relief temporarily, during a more than usually severe paroxysm of pain.

She consulted me just after the cessation of an ovarian evolution. I prescribed am. brom. ℥ss., aquæ ℥iv., a tablespoonful of which was to be taken in half tumbler of water three times a day. At the return of the menstrual period, if the bowels were at all inactive, directed an effervescing purgative to be taken. If, as usual, pain was established, she was to inject into the vagina a gallon or two of water, more than blood warm, three or four times a day. As she was a good liver, I abated somewhat the more stimulating articles of diet in which she was prone to indulge, but by no means restricted her to *low diet;* and what restriction I did place upon her, was more particularly directed to the period a week prior to and during the catamenial effort.

The next ensuing period was passed in almost absolute comfort; and so of the second, third, and fourth, when the quantity of medicine was reduced one-half. The fifth period passing with equal comfort, the medicine was suspended, and the sixth period came and went with as little discomfort to the patient as any of the previous five. Such continued to be the case down to last period, recently passed, when, after partaking freely of ice-cream, and, immediately after, bathing in the ocean, the catamenial flow came on, anticipating the usual period four days, and was accompanied by no inconsiderable amount of distress, though by no means so violent as was usual prior to the exhibition of the bromide. Neither the injection nor purgative was resorted to on a single occasion, as the requirements did not exist. The medicine affected the appetite unfavorably not at all, so far as I have been able to learn, and certainly did not during the three months she was immediately under my eye. The urine was not subjected to chemical analysis, and I may say here, she has never complained of ardor urinæ before or

since taking the bromide. The pulse maintained its usual force and frequency while the patient was where I could observe her condition.

In this case there was evident benefit derived from the use of the medicine, or, there was a strikingly marked coincidence between the commencing and progressive improvement of the patient, and the use of the compound. The results in this case cannot be considered conclusive as to any effect whatever of the medicine exhibited; but, placed in the category of the results following its exhibition in similar cases, they may contribute somewhat towards reaching sound conclusions as to the therapeutic effect to be expected from the use of the drug.

Sedation is the effect claimed for the article under consideration. My observations have not led me to attribute to it any such effect upon the circulation. If we must consider it a nervous sedative, then it belongs to that class of medicines known as anodynes, or to that other class which allays perturbation so common to hysterical conditions, and which are denominated nervous stimulants. Among possible things, the drug may have a *peculiar* effect upon the nerve-tissue, not now understood, differing from that of our anodynes proper, and from the list of nervous stimulants. Neither my experience nor my reading warrants a positive opinion on this point.

ARTICLE XLII.

NEW RECTUM BOUGIE.

By J. S. SHERMAN, M.D., Chicago.

A bougie is often required which can be passed up the rectum into the sigmoid flexure. The ordinary rectal bougies are too stiff to accommodate themselves to the course of the bowel, while the more flexible double upon themselves before sufficient pressure is used to open the upper sphincter. A bougie should be flexible enough to bend to the hollow of the sacrum and curve of the bowel, and at the same time sufficiently rigid to force its way without coiling.

Lead is a substance possessing such properties, and from this metal I have constructed a bougie in the following manner:

Have a lead rod drawn out the required length, and a little less than one-third of an inch in diameter. This is introduced into an elastic catheter, or piece of rubber tubing. This covering is necessary, as lead, from frequent bending, is liable to break; and, if not thus enclosed, there would be danger of losing portions in the rectum.

A piece of hard rubber or wood, turned in an oval shape, and attached to the bougie with a rivet, completes the instrument. Various sizes of these may be turned, and used on the same lead rod. For exploring the rectum high up, such an instrument will be found very useful. It may be made hollow, and used for injecting the bowel in cases of intussusception.

ARTICLE XLIII.

FIRST SEMI-ANNUAL REPORT OF THE JACKSONVILLE SURGICAL INFIRMARY.

OFFICERS IN IMMEDIATE CHARGE OF THE INSTITUTION.

DAVID PRINCE, M.D., Proprietor and Attending Surgeon.
WM. H. H. KING, M.D., Resident Surgeon.
MISS M. A. BOSWORTH, Matron.
MRS. AGNES W. HILL, Chief of Subsistence.

In accordance with an announcement issued last fall, this enterprise went into operation about the beginning of the present year, and while its success has been encouraging to its managers, it is believed to have been satisfactory to all who have sought the benefits which it was designed to bestow.

It is easily understood that those who go away from home for medical treatment and operations, receive the benefit which they seek at a disadvantage, if forced to board around wherever a vacancy may be found. They can only be seen by their medical advisers by special visits, while in an institution, a more frequent examination of the case is practicable and all the appliances to be used in the treatment are at hand.

Besides, it is practicable to keep on hand and to employ various apparatus which it would be inconvenient to set up in private houses and to move about from place to place.

It is also practicable to secure more skilled and efficient nursing, in an institution conducted for the purpose of caring for the sick and the disabled, than is possible under other circumstances.

Another feature which secures special advantages for the winter season, is the warming of the house by furnaces in the basement, so that a pleasant and equable temperature is secured at the same time that a considerable degree of ventilation, always desirable, is rendered unavoidable. The colder the weather is, the greater the amount of heated air introduced from without through the furnace chambers. This of course displaces so much air already in the room, which escapes by the openings, whether windows, doors and cracks, or openings specially provided. An arrangement is also made, by which all impurities can be taken out of the incoming atmosphere, so that the air introduced into the rooms through the furnace is purer than the outside atmosphere. On the contrary, where stoves are employed, the colder the weather is the worse the ventilation on account of the temptation to stop all the cracks through which the cold air strives to enter the room.

There is, at the same time, a temptation to build as few fires as possible, so that in going from one room to another, there is the danger and discomfort of passing through cold or variously heated atmospheres. The building is thus specially adapted for the winter residence of feeble persons and those afflicted with pulmonary consumption.

Under the direction of Miss BOSWORTH, the Matron, the greatest possible approach to home comfort is secured, and it is a pleasant recollection, that several children that have been left here by their parents have said on leaving, that they had enjoyed themselves better than if they had been at home.

The department of subsistence is presided over by Mrs. HILL, a lady of great experience in the art. While no attempt is made to imitate the variety of hotel cooking, especial pains is taken to render plain food palatable and digestible.

A brief notice of some of the cases which have been treated in the institution may be of interest to medical men.

FLEXED KNEE-JOINT.—Of this mal-position, six cases have been under treatment with entire success in bringing the limb to a straight position.

One of the cases was in the acute stage of synovitis occurring spontaneously, or without a wound. Sleep was greatly disturbed by spasmodic contraction of the muscles, and the mal-position was rapidly increasing. The limb was gradually restored to the straight position by a weight acting night and day over a pulley. As the joint surfaces ceased to press upon each other, the spasmodic muscular contractions disappeared. The ability to be moved was greatly aided by a splint, flanked with pasteboard, and worn behind. After six months' treatment, the discharge from the joint continues, but the limb is straight, and the joint movable and free from pain while the weight is on, but if the weight is left off for some time, pain in the knee returns. The probability is that recovery will be effected without deformity or lameness, but time is necessary for the gradual subsidence of inflammation and suppuration.

The remaining five cases were the results of inflammation in which the soreness had abated, or altogether subsided. In all these cases force was first applied under ether, and afterward gradual extension by means of a weight varying from five to fifteen pounds. In two of the five cases, the flexors of the leg were divided by a bistoury, but it is doubted whether the final result was any more quickly attained by this means. In one of the cases the wounds made in the process became the seat of a troublesome spreading erysipelas, with burrowing of pus among the muscles. All this would probably not have occurred, if the skin had not been wounded. The final result, however, was very satisfactory.

As the resistance after the subsidence of inflammation is usually in the short ligaments and adhesive attachments more than in muscular force, the division of the muscles removes only a minor difficulty.

In cases of extreme flexion, it is important that the gradual

extension should first be in such direction as to separate the joint surfaces, waiting for a later period of the treatment to straighten the limb, otherwise, portions of the joint surfaces are pressed together with great violence by the lever of the leg, and the pain of this pressure becomes insupportable. One case of stiff knee in the straight position, resulting from destructive inflammation following a severe injury, seemed to be much benefited by treatment, but with the discontinuance of extension and passive motion, the parts resumed their tightness and immobility. In the first application of force in this case, the skin was ruptured transversely over the ligament of the patella; but by means of silver sutures, a dressing of permanganate of potash and the straight position for a few days, union by adhesion was secured. When the soft tissue of a joint is to a considerable extent destroyed, there is very little probability of success in restoring its function.

Two interesting cases of cheiloplasty have been under treatment, one of which is the completion of the case on page 179 of the Transactions of the Illinois State Medical Society for 1867, and page 67 of the book as published by Lindsay & Blakiston. One of the important points in plastic operations, is to have a good arterial supply to the parts which it is desired should unite.

Chronic ophthalmia with persistent congestion, vascular cornea and granular lids and subsequent inversion of the ciliary margins, has presented several interesting cases. The division of the ciliary bands as practised by Dr. Hildreth, of Chicago, and the subsequent depression of the pulse for several days by means of veratrum viride have seemed to afford a starting-point from which to commence a restoration of the normal vascular condition. Some aqueous humor is usually lost at the time of the operation, which also aids in the relief of pressure, and though the liquid is soon replenished, a temporary relief has interrupted the succession and made a new action possible. Citrine ointment made with cod-liver oil, as recommended by Dr. Williams, of Cincinnati, has been found very valuable for granular lids, especially when following the treatment just indicated.

For inversion of the ciliary margins of the lids, with short-

ening of the palpebral fissure, the method of implanting behind the outer portion of the upper lid a portion of integument, has not lost its favor. A full description of this method may be found in the work on Plastic Surgery already referred to. The dextrous performance of this operation leaves no deformity whatever. It may be practised at the same time that the ciliary bands are divided. The removal of a strip of integument just above the ciliæ, after the method of Des Marres, is rendered effective by the operation for the elongation of the palpebral fissure.

Two operations for artificial pupil have been performed during the half year with perfect result. The new method of approach through the margin of the sclerotic has been followed.

In one case a gold tube has been inserted for closure of the nasal duct. This method, in the writer's experience, has succeeded in every instance in which the lachrymal sac was enlarged by accumulation of pus; but where this was not the cause, it has uniformly failed, probably because the sac closed down over the top of the tube and obstructed it.

Cases of enlarged or sub-involuted uterus, mal-positions and ulcerations of this organ, have also been under treatment in the Infirmary.

One case of radical operation for hernia according to Chisholm's method has proved completely successful. The amount of peritoneal inflammation was alarming for a few days, so as to raise the question whether the operation is justifiable.

An interesting case of lithotomy by the median method, in which three very large calculi were removed without incision of the prostate, but with laceration of the perineum into the rectum, demonstrates that incision of the prostate for the removal of a stone from the bladder is unnecessary.

The case also shows that a more extensive division of the perineum should be practised than is contemplated by Allarton's method where the stone is large. A recto-urethral fistula resulted from this operation on account of which several plastic operations have been performed, but thus far without complete success.

A case of compound comminuted fracture of the femur has demonstrated the great comfort secured by suspending the limb, permitting the patient to move his body at will without disturbing the relations of the fragments. A simplification of Dr. Hodgen's suspension splint has been employed, the extension being effected by means of a strip of adhesive plaster on either side of the leg, attached to the foot-piece, and the counter-extension being the weight of the body pulling down upon the limb which is upon the inclined plane of the suspended apparatus. Lint soaked in solution of permanganate of potash prevented the suppuration which otherwise would have commenced at the surface through the putrefaction of the fluids, thence spreading decomposition through the effusion in the deep parts of the wound. The shortening immediately after the injury was four inches. The patient recovered with a final shortening of three-quarters of an inch. A good result under the circumstances.

From comparative trials made with permanganate of potash and carbolic acid in erysipelas, putrefaction and complications of wounds, permanganate is believed to be greatly superior to carbolic acid and to everything else which has been tried. It is applied over wounds and upon erysipelatous surfaces in nearly a saturated solution. Over wounds it is best applied by laying on a portion of lint saturated with the solution. This is probably the best application to make to bullet wounds and those attendant upon compound fractures. By preventing the putrefactive change in the exudations and effusions, the extension into them of the organizing process is greatly favored. Care should be taken not to apply the solid salt, as it acts as a caustic.

The only death which has occurred in the Infirmary during the first half-year of its existence was that of an old man with enlarged and suppurating prostate. Death occurred at the end of ten days from his reception and twenty days from the inflammatory attack.

Great difficulty had been experienced in introducing the catheter, which was done three times a day, and the P. M. re-

vealed the existence of false passages which had been supposed to be among the causes of the difficulty of catheterism.

The convenience and the success with which cases have been managed in this institution, are an assurance of the propriety and the necessity of the undertaking.

July, 1868.

Correspondence.

EMOTIONAL SUSCEPTIBILITY.

PROF. DAVIS, *Dear Sir:* The following case is considered interesting, because it illustrates a degree of nervous susceptibility which individuals rarely possess:—

A few days ago, I was called to see a gentleman who, it was said, had fainted. I found him seated in a chair, supported by a friend; animation entirely suspended; face of cadaveric pallidness; skin bathed in a cold perspiration; extremities cold and pulseless. Had him placed at once in a horizontal position, and applied the usual restoratives. After several minutes, he began to show evidences of returning animation, and soon entirely recovered.

The narration of the details of an operation for the excision of a hemorrhoidal tumor, ungarnished by an attempt to convey an idea of severe suffering, produced this severe shock to the nervous system, with its untoward symptoms.

Can we account for this great disparity between the manifestations of the emotions and the power of the will? This gentleman felt these depressing emotions "swelling up," as he expressed it, and thought to be able to overcome them by an effort of the will. How he succeeded has been shown.

"In a well-balanced condition of the mind, under the ordinary conditions of life, the emotions are controlled by the will," says one. But, are not emotions which are due to the action of the sympathetic system beyond the influence of the will? Doubtless, the leading emotions—grief, joy, etc.—are expressed through

this system of nerves, each exercising a peculiar influence upon the circulation: exciting, depressing, or otherwise disturbing it; and are only indirectly under the control of volition. The effect of an emotion cannot be controlled or avoided, except we avoid or control the occurrence of the emotion, by occupying the mind with other thoughts, of a different character, more or less agreeable, as may, at the time, be indicated by the mental condition. A remedy for the cure of anger, which teachers of music prescribe for their pupils, is dictated on this principle: "When you get vexed or angry, *sing*." And, certainly, if one enters properly into the spirit of a cheerful song, he can entertain no emotion of anger. This is rational therapeutics, undoubtedly.

In the case of the gentleman mentioned, the symptoms observed may be referred to the organic system of nerves acting upon the heart and circulation, producing partial paralysis of the heart's action, resulting in a deficient supply of arterial blood to the great nervous centres, causing fainting, cold extremities, pallor, etc., as a result. He is probably 45 or 50 years of age, and evidently of refined manners and education. How much does education and the manner of life modify emotional, or, if you will, nervous susceptibility?

Truly yours,
THEO. GRIFFIN, M.D., 789 State Street.

MUSCULAR RHEUMATISM.

I have noticed in the Journals that the treatment of cases denominated Muscular Rheumatism, including lumbago, pleurodinia, sciatica, etc., is a matter not well settled. In a late number of the *Lancet*, the course pursued in three of the London Hospitals was given, differing from each other, and not embracing the course that I have found successful in quite a number of cases this year, my own included.

Many years ago, Mr. Carmichael, the celebrated surgeon of Dublin, had sciatica gradually creep on him till he was entirely

disabled. For some little time, if I mistake not, before he yielded to it, he had to be carried from his carriage to his lecture-room. He had been in the habit of working very hard in his profession, eight hours a day, from breakfast to dinner, without any form of lunch. This proved too much for him, as it probably will for any man.

When he concluded to be treated efficiently, he came to a hot spring in the Pyrenees, and had a warm bath every day, with a dose of Pil. Hydrarg. every night, and Seidlitz powder in the morning. This course restored him the use of his limb within a reasonable time. I have tried a similar course with the best effect in old, confirmed cases.

But the remedies I use in acute cases are calomel in small doses, 1 or 2 grains, with gum Guaiac, and Dover's powder, three times a day. The Dover's powder in doses sufficient to soothe the pain, 3 to 5 grs., and the Guaiac in 8 or 10 gr. doses. These I accompany with a warm water (with salt) sponge-bath every morning, to be followed by good rubbing, with dry towels. A cathartic of castor oil once in two or three days, if the powders do not act sufficiently, and sometimes if they do act some, is very useful.

With this course my cases have uniformly yielded. It is quite possible that belladonna would prove a better remedy in these cases.

In my case, the pain commenced at the sacro-iliac junction, and extended across the back, affecting the lumbar muscles. It was attended with a general failure of the secretions, gradual whitening of the tongue, and increased heat of the skin. The remedies gave me relief in a very few days. F. B. E.

HASTINGS, MIN., *Sept.* 14, 1868.

An autopsy has been performed at Bellevue Hospital on a body that had been perfectly preserved for 72 days by means of carbolic acid; still another public autopsy took place upon the body of a patient who had died 107 days previously, and had been preserved in a similar manner, with the same highly satisfactory results.

The Clinique.

CLINICAL REPORT FROM MEDICAL WARDS OF MERCY HOSPITAL.

By N. S. DAVIS, M.D., Professor of Practical and Clinical Medicine, in Chicago Medical College.

TUBERCULOSIS AND CHRONIC DIARRHŒA.

The Professor remarked, that the first case to which he should invite the attention of the Class was a young man, aged 18 years; naturally slender, light complexion; belonging to the laboring class, who was admitted to the Hospital only two or three days previously, but who had been sick about six months. The patient states that most of the time since the commencement of his sickness he has had tenderness, swelling, and pain in the left half of the abdomen; and at times fever and cough. He thinks that there existed a tumor in the left side of the abdomen, which at a certain stage of his disease broke, and discharged into the bowels, giving rise to purulent discharges by rectum. Since which time, he has continued to have muco-purulent discharges, sometimes mixed with blood, and resembling those of chronic dysentery.

Such are the chief items in the history of the case, as stated by the patient himself. The attention of the Class was then called to the present condition of the patient. The anæmic hue of the skin; the thin and slightly retracted lips; the expression of anxiety; the general emaciation; the quick, irritable pulse; connected with the absence of febrile heat and the length of time that the patient had been sick, clearly indicated pathological changes somewhere of a serious nature. The continuance of muco-purulent discharges from the bowels every three or four hours, and sometimes more frequently, with still existing tenderness over the sigmoid flexure of the colon, point directly to the abdomen as the seat of the more advanced pathological changes.

Is the case one of simple chronic recto-colitis or dysentery,

involving thickening and ulceration of the mucous membrane of the descending colon? Or is this state of the mucous membrane complicated with disease of the mesenteric glands? To determine these questions requires a careful physical examination of the chest and abdomen. The latter is moderately tympanitic, with some tenderness towards the left side, but neither palpation nor percussion enables us to detect any well-marked tumors or enlarged glands. This, however, does not prove the non-existence of disease in the mesentery; for when the abdomen is full as in the present case, it is impossible to trace out by the touch even considerable enlargements of the glands in the mesentery.

Attention was next turned to the chest, and after the Class had listened carefully to the pulmonary and cardiac sounds, it was found that the respiratory murmur was harsh and irregular over the upper lobes of both lungs, with marked increase of vocal vibration, and moderately diminished resonance on percussion.

These physical signs plainly indicate increased density of the upper part of the lungs; and the absence of all the usual symptoms of pneumonia render it almost certain that the increased density is caused by crude tubercular deposits.

If this is true, it renders it highly probable that more or less of the tubercular deposits also exist in the follicles of the mucous membrane of the larger intestines, causing the protracted and obstinate intestinal discharges. The general aspect of the patient, the quick pulse, the results of physical examination of the chest, and the long continuance of the intestinal disease, in spite of protracted and judicious treatment (he had been treated several weeks in another hospital before admission here), leave little doubt but the case is one of tuberculosis. This has a very important bearing on the prognosis. Simple chronic dysentery, even of long standing, can generally be cured. But chronic dysentery or diarrhœa founded on tuberculosis is very generally fatal. The condition of the patient may be temporarily improved, by lessening the frequency of the discharges, and regulating judiciously the diet. But the

improvement is only temporary. Even if, as now and then happens, the intestinal discharges entirely cease, or become natural, in a few weeks cough supervenes, and all the active symptoms of pulmonary tuberculosis are developed.

The treatment in all these cases must be tonic and anodyne; the one to sustain the general tone of the system, and the other to allay the local irritations. In similar cases, it was stated that a combination of sub. nit. bismuth, sub. carb. ferri, and morphine, had been found of great value.

Accordingly, the following prescription was directed:

℞. Sub. Nit. Bismuth,---------- ℥iij.
Sub. Carb. Ferri,---------- ℥ij.
Sulph. Morph.,---------- 5 grs.

Mix, divide into 30 powders; and give one before each meal-time and at bedtime.

If this did not sufficiently restrain the discharges, the doses may be given more frequently. The diet must be very simple, yet nutritious; such as milk, milk and flour, boiled rice, and animal broths.

PULMONARY TUBERCULOSIS, WITH PARTIAL PARALYSIS OF THE ARMS.

The next case to which the attention of the Class was directed was that of a young man, who was admitted into the Hospital about three months previously, in an advanced stage of tubercular phthisis. He was a native of Germany, about 25 years of age, and had been declining in health for six or eight months.

At the time of admission he was emaciated; pale; pulse frequent and weak; skin cool, with copious night-sweats; frequent serous discharges from the bowels; cough and purulent expectoration. He was too feeble to leave his bed.

Auscultation and percussion revealed extensive tubercular deposits in both lungs, and a large suppurating cavity in the middle lobe of the left side. The latter still exists, and affords an excellent sample of the cavernous sounds to which the Class had an opportunity of listening with the stethoscope. To check the hectic fever and night-sweats, as well as to lessen the diar-

rhœa, he was placed, immediately after admission into the Hospital, on the use of the powders of sub. nit. bismuth, sub. carb. ferri, and sulph. morph., every 4 hours, with sweet milk and wheat-flour porridge for nourishment.

For some time he continued very feeble, affording every indication of an early fatal result. But after the first two weeks the condition of the bowels and digestive organs began to improve slowly; and for the last three weeks they have been quite regular, with a fair appetite. The hectic and night-sweats have also ceased, but he still coughs and expectorates muco-purulent matter, more especially every morning. His breathing is very short, and slight exercise induces panting and palpitations. His feet and ankles are quite anasarcous, with slight evidences of œdema over the whole surface of the body.

But the point of special interest connected with this case was a partial paralysis of motion in both upper extremities. He could not elevate the arms to a position on a level with the shoulders, and found great difficulty in feeding himself. It illustrated a class of cases of paralysis arising from deficient oxygenation and decarbonization of the blood, by which it becomes incapable of maintaining the natural action of the nervous centres, and greatly favors the fatty degenerations of tissue. In two or three cases of a similar character, except there had been no tendency to diarrhœa, the internal use of 10-grain doses of chlorate of potassa dissolved in mucilage of gum-Arabic, and repeated four times a day, had done much good. The extreme sensitiveness of the bowels, in the present case, renders the chlorate inadmissible. The remedies most likely to benefit the case before us, in addition to the tonic and anodyne powders before mentioned, are electricity and small doses of strychnia.

The Lecture closed by directing the patient to have gentle currents from an electro-magnetic battery passed through the arms and spine, once every day; and a sugar-coated pill of the thirty-second part of a grain of strychnia after each meal; continuing the powders of bismuth, iron, and morphia before each meal and at bedtime, as before directed.

NOTE.—Two weeks have elapsed since the foregoing clinic, and the last patient mentioned is up, dressed, and out in the open air a little every day, and the ability to use the arms has improved.

Selections.

CLINICAL LECTURE ON A CASE OF EPILEPSY AND VERTIGO, IN WHICH BLOODLETTING WAS EMPLOYED WITH ADVANTAGE.

BY C. HANDFIELD JONES, M.D., Physician to St. Mary's Hospital.

GENTLEMEN: "Medio tutissimus ibis" is a wise old saw, but one which it seems not easy to act upon. The pendulum of opinion commonly deviates to one side or other of the true line. It appears to me, that at present there is some tendency to error of this kind in the case of epilepsy, which seems to be regarded by some too much as if it were invariably associated with deficient blood-supply to the brain. Very often this is the case; but that the encephalon is by no means unfrequently hyperæmic in epileptic states, and that this hyperæmia may even materially contribute to the production of the order, I think I shall be able to prove. Let me ask your attention to the following history:—

W. F., aged 49, stableman, was seen on Aug. 15th, 1865. He was sent to me by my friend Dr. Palmer, from whom I received the following statement: "Eleven years ago, he had a severe epileptic fit for the first time; he continued vertiginous, weak, and unable to work for several days; his pulse feeble and small; his skin cool and moist. Leeches, cold to the head, free purging, and iodide of potassium, failed to relieve him. He was then admitted into St. Mary's. On coming out, he told me that he was cupped and had various remedies, but all failed to do him good until he was bled, after which he rapidly and completely recovered. Since then he had several attacks of severe vertigo, with such muscular weakness as to compel him to give up work; the second was accompanied with an approach to coma. Since then they have rather diminished in severity. On each occasion, his tongue has been moderately clean; pulse between 60 and 70 decidedly soft, and not filling out the artery, without any jerk; skin pale, cool, and moist; eyes not injected;

no heat of head; no thirst; appetite diminished. Each time I have tried all I could to avoid venesection, have purged freely, applied cold to the head, once cupped him, forbidden stimulants (which he says make him worse), but have each time been compelled to bleed. The last time (April 19th), I am certain that his pulse was stronger and fuller two days after the bloodletting than it had been for days before. The day after giving the iodide of potassium, he was decidedly more vertiginous." Dr. Palmer describes the patient as usually of slow, hesitating speech, and having the puzzled, hebete look of an epileptic, with a small forehead and brain-case. Such is the account given me by a most able and intelligent observer.

I subjoin the account I received from the patient's wife. She states that her husband was taken with a fit one morning at 4.45 A.M., while in bed. He was as well as ever he was in his life when he went to rest. The fit did not last long. He went to his work the same morning; but in about two hours, while at work in the mews, he was taken with another, and had seven that day, at about two hours' interval. The next day he had three fits, and continued to have them more or less frequently for three weeks until he went into St. Mary's Hospital. During this time, he lost his speech when the attacks were coming on; but, in the intervals, he was conscious and able to speak. He was leeched before he went to the hospital; but when there he was cupped and bled from the arm several times with great relief. He was there several weeks. If he got too much beer it affected his head, and made him stupid; he used to take a great deal. He had had no attack lately (Dec. 1865). So far the wife.

At my interview, I observed that his lips were pallid; his pulse 75, of good size and force; his head cool, not tender, but it felt as if it did not belong to him; his appetite was good; the tongue clean. The rhythm and sounds of the heart were normal; but the organ was rather displaced towards the epigastrium. He felt no great weakness. The giddiness he described as coming on him all at once, and lasting (till he was bled) for weeks, with intervals of comparative amendment. When the giddiness was on him he was unable to lie down, but could at other times. He had no nausea or sickness. He never passed worms, as far as he was aware. He had typhus fever when he was young; but no other illnesses, except falls—once from the roof of a house about eighty-four feet high, when he "cracked his head a bit" and was stunned for a few minutes; once also he was knocked down by a cart and struck his head.

In fact, he seems to have hurt his head a good many times. The bone was indented notably at the upper and fore part of his head towards the right side; but there was no tenderness in this situation. He had been bled at least six times, and been cupped and leeched besides. Hot weather did not try him at all, nor did cold; he could expose his bare head to the sun without any discomfort. He denied having had syphilis; and presented no outward indication of it. He was obliged to be careful in what he drank; he could not take much beer.

August 17. He was more giddy to-day—"just the same as a drunken man." The forehead was not hot; the eyes were dull, but not injected. Pulse quite quiet, steady, and regular. Bowels well open. Ears cool, and cheeks and prolabia actually anæmic. Pressure on the carotids caused the veins of the forehead to fill, and made the giddiness much more severe. There was no undue pulsation of the cervical or temporal arteries. The pupils were lively. His manner was very tranquil, entirely free from nervous fussiness. He was not apt to have cold feet.

I could see no rational indication for bloodletting; but, as he did not mend without, and as former experience was in its favor, I could say nothing against it. He was bled to sixteen ounces, and came to see me the next day, when he stated that he felt better in one hour after the bleeding, and was nearly well, going to work the day after. The pulse and general aspect, and condition of pupils, were just as before. I did not see him again till September 15th, when he came to see me at St. Mary's Hospital, complaining of a return of the giddiness during the last five days; it was very severe, and had not been relieved by calomel and mistura alba or by nitromuriatic acid. I ordered for him five grains of powder of colchicum thrice daily; of this he took a few doses, and got rid of his disorder completely. His pulse, I am informed, was fuller and stronger after he had taken the colchicum than it had ever been before.

January 3, 1866. He had been well since last date, with the exception of one attack, which was brought on by drinking, and ceased after purgation.

December 5, 1867. He remained quite well up to the present time. His urine was examined and found to be non-albuminous.

That the bleeding in this instance was really advantageous can, I think, hardly be questioned, regard being had not only to the immediate results, but to the subsequent condition of the patient. The attacks have not been rendered more frequent, but the reverse; in fact, for some considerable time he has been quite free from any disorder.

The vertigo must, I think, be regarded as a manifestation of epilepsy, as it succeeded the latter directly in time, and was relieved by the same measures, and by those alone, which benefited the convulsive disorder. That it depended on increased intravascular pressure can, I think, hardly be doubted, although the exterior of the head certainly exhibited no signs at all of hyperæmia. The effect of pressure on the neck, which must have told chiefly on the jugular veins as it caused distention of the frontal, was to aggravate the giddiness; and this result not only confirms the opinion above expressed, but goes to show that the blood-flow *a tergo* was free, that there was no obstruction in the arteries. The greater fulness and strength of the pulse after the bloodletting and the colchicum resulted, I believe, from the cessation of the depressing effect which the vertigo exercised on the heart itself. Although the disorder was a neurosis, it is evident that the nerve-force in this man must have been of a very different quality from that which it has manifested in sundry instances, one of which I have related in my work, p. 61, where bloodletting appeared to be the immediate cause of most severe and prolonged epilepsy.

It is probable that the injuries to the head had rendered the brain less tolerant of any undue amount of even its natural excitant, the blood; as they had also of a less natural one, the beer. If this abnormal state of excitability increased, we can well understand that depletion might be a necessary means to relieve it. The condition just referred to implies some departure from the type of healthy nutrition; and it is far from uncommon to find hyperæmia ensuing under such circumstances. It appears to me that the smaller arteries which are most concerned in hyperæmia and in like conditions go very often along with the tissue they supply in regard to their vital activity. Certainly, they are often relaxed while a tissue is vigorously performing its function; but this activity can only last for a time; and, if the hyperæmia be prolonged, the functional power of the tissue soon declines, and then the hyperæmia becomes solely injurious, and, as I wrote many years ago, "instead of supplying a want, imposes a burden." Again, if the vital power of the tissue be lowered *ab initio*, that of the arteries is very apt to be lowered along with it, and then, without any previous manifestation of functional activity, we have at once injurious hyperæmia. Of this, frost-bite and chilblains, and probably many common catarrhal inflammations, afford good examples. If we suppose this man's brain to have failed now and then in its due mode of nutrition, its nerve-power to have

declined, as was not unlikely, after having been a good deal knocked about and "bemused with beer," the smaller cerebral arteries would readily fall into a like state of paresis, and thus the blood-supply would become excessive, and the nerve-power be thereby still further lowered and deranged. Bloodletting, by lessening the amount of blood, might contribute materially to enable the brain-tissue and its arteries to regain their normal condition.

As the pulse became fuller and stronger after the bloodletting and colchicum, it might have been expected that the intravascular pressure would be increased, and therewith the hyperæmia. Very possibly the pressure was increased in the radial and some other arteries; but there is no necessity that it should have been so in the carotids and vertebrals, or their smaller branches, which are the chief regulators of the blood-flow. Moreover, the very circumstance that the smaller arteries were more contracted than before, would, by lessening the facility of the escape of blood from the larger tend to produce greater fulness of the pulse, and excite the heart to stronger action.

Let me now produce to you some evidence which I have brought together from various sources, which appears to me tolerably conclusive, that active hyperæmia, determination of blood to the brain, may be the efficient cause of epileptic attacks.

C. H. Parry states that a patient, "Miss F., who has twenty or thirty epileptic fits annually, for two or three days before a fit constantly finds a constitutional enlargement of the thyroid gland increase to a very great degree; in a day or two after the fit, it returns always to its natural state, the accumulation of excitement in her subsiding at the same time." That this evident local turgescence of an organ, fed by arteries given off near those supplying the encephalon, did not cause anæmia of the latter, is tolerably clear, from its being mentioned that the head was unduly hot, the feet being cold. The same author refers to a very striking case, by which, he says, "it has been demonstrated that convulsions may depend on excessive impetus of blood in the vessels of the brain, since in that case they were removed by interrupting or diminishing the flow of blood through the carotid arteries to that organ, in consequence of which a state of sopor often ensued." In another case, mentioned by him in the same place (*Elements of Pathology and Therapeutics*, p. 254), a constant twitching of certain fibres of the flexor muscles of the forearm was uniformly suspended by compression of the carotid artery on the opposite side, while it was not diminished by compression of the artery on the same side.

Trousseau corroborates Parry's statements. He says that he has practised and recommended compression of the carotids for more than twenty years, and that he has found it highly serviceable. He makes special reference to this procedure when speaking of the convulsions attending on scarlatina dropsy; but employs it equally in other similar conditions not resulting from uræmia. He directs the artery to be compressed especially upon the side opposite to that on which the convulsions are most marked, and gives particular directions for the manipulation. He states that, when an artery is thus effectually compressed, the red flush of the face is sometimes suddenly succeeded by pallor, and that in some instances the eclamptic convulsion immediately ceases and gives place to perfect relaxation. I do not understand him to affirm that the proceeding is always successful; but, I think, none can doubt that his testimony strongly supports the position above stated. Other evidence can be cited to the same effect. In a case observed by Reimer, and alluded to by Schrœder van der Kolk (Sydenham Society's edition, p. 228), compression of the carotids succeeded twenty-two times in cutting the fit short, the patient experiencing great relief and improvement in his memory and mental condition. Labalbury (*Gazette des Hopitaux*, 1860, Sept. 15th) relates a case of puerperal eclampsia which was cured by compression of the carotids.

Parry gives the following case as a proof that epilepsy may be cured by bleeding and low diet. About thirty years ago, he states, he was sent for to see a nobleman, who had been a gross feeder but not intemperate, and had been subject to epileptic fits. He found him insensible and stertorous, after having suffered repeated paroxysms of the disorder. His face was extremely flushed, and his pulse strong, full, and laboring. His bowels had been duly open without relief. After bloodletting to fourteen or sixteen ounces, the insensibility, which had continued many hours, very quickly ceased. The bleeding was more than once repeated. Purgative and saline medicines were given. A low diet, as well as much bodily exercise, was recommended. The patient soon recovered his health, and never experienced any return of his malady. Had not the bloodletting been a right remedy in such a case as this, it is most probable it would have been injurious, and would being (repeated) have induced the speedy recurrence of the disorder, as it did in a case recorded by Dr. Copland. (*Vide* note, p. 799, art. Epilepsy.)

Dr. Parry mentions another case, which exemplifies the con-

verse. An old man, who had lived freely, had a chronic inflammation of one of his legs accompanied by œdema. Both these affections were greatly relieved by the application of a tight bandage. In a few days he was, for the first time in his life, seized with violent epilepsy.

Graves, relating the successful treatment of a boy, aged nine, for uræmic convulsions occurring after scarlatina, by cold affusion on the head, states that, as he was sitting by the bedside of the patient, he was more than once able to predict the immediate approach of the fit, by means of watching the pulsation of the carotids, which then became much more frequent and stronger. This observation (he says), taken in connection with the fact that the pulse at the wrist became weaker and more indistinct at that very moment, suggests many interesting considerations concerning local determinations of blood. Though the uræmia was doubtless the prime cause in this instance in inducing that state of brain which gave rise to the convulsions, the peculiar hyperæsthesia of the excitable districts, yet the success of the cold affusion, leeches to the head, and purgatives, render it also, I think, clear that this perilous symptom was mainly staved off by lessening the blood-flow towards the head. So also in the convulsions which are apt to occur in the early stage of the exanthemata, there can be, I conceive, no doubt at all that the brain is, as Dr. West describes it, in a state of active congestion, true hyperæmia. Exposure to the heat of the sun may, as he says, disturb the circulation and favor congestion of the brain, and so induce convulsions or other symptoms of an overloaded state of brain, which may all subside as soon as the excited circulation has recovered its wonted balance. He gives a good case in point, very similar to one respecting which I was consulted last year, in which, after exposure to a hot sun, actual and very severe meningitis occurred.

The eclamptic attacks which occur in puerperal females are undoubtedly sometimes greatly relieved by bloodletting and antimony, and consequently can scarcely be regarded as independent of undue intravascular pressure affecting the encephalon. Of this the following case (vide *Lancet*, 1866, Nov. 3) may be cited as an example.

Mary D., aged nineteen, a well-developed, robust, plethoric woman, had always lived well, and never had a day's illness. She had one sister, aged fourteen, who some years ago was subject to occasional epileptic seizures. In her first labor, she had two fits of convulsions, in which she foamed at the mouth and bit her tongue, her features being much distorted. Mr.

Draper was sent for by the midwife in attendance, and found the patient recovering from the second attack. She was in a semi-conscious condition; face flushed; skin hot, but moist; tongue large and red, and lacerated by the teeth; head hot; pupils rather contracted; pulse 120, full, and with difficulty compressible; occasional slight muscular spasm. The child's head being at the pelvic outlet, where the midwife said it had been for about two hours and a half, the forceps were applied, and a male child delivered. It was slightly asphyxiated, but was quickly restored. After the expulsion of the placenta the patient appeared quiet and comfortable. In three-quarters of an hour the convulsions returned, the paroxysms being more severe than before. Sinapisms were applied to the nucha and the calves, and cold to the head; and a dose of calomel and jalap was given, besides the following draught every hour:

℞.—Ammon. potassio-tartrat. gr. ½; potassæ nitratis gr. x; sodæ potassio-tartrat. gr. xx; aquæ ℥j.

Most of the powder was rejected by vomiting. After this treatment the patient remained tolerably quiet about two hours, when she had another relapse, the first being more violent and recurring more rapidly than hitherto; and she remained unconscious between the paroxysms. The face, as before, was flushed; respiration hurried and short; pulse 120 to 130, hard. As there was no albumen of consequence in the urine, about twenty-five ounces of blood were taken in a full stream from the arm. The pulse then became soft and compressible, and the patient shortly became conscious. She was ordered five grains of calomel and a minim of croton oil, and the above saline mixture to be continued. After this, the patient had no return of the fits, slept moderately well during the night, and made a good recovery.

In contrast to this case, it would be easy to cite numerous others where not depletory, but sedative treatment has been indicated, and found highly beneficial. No doubt can exist that, in puerperal eclampsia, the quality of the disorder may be different in different individuals; and, if so, why may it not be the same in epilepsy?

If any should object to the instances I have cited of uræmic, puerperal, and exanthematic convulsions being considered truly comparable to the attacks of essential epilepsy, I reply that Trousseau expressly recognizes their identity with those of epilepsy as regards the morbid phenomena, and says that they only differ in the attacks being multiple, and in the circumstances under which they occur. Neither of these features seems

to me to establish any material distinction between the two classes. Multiple attacks are, we well know, met with every now and then in chronic epilepsy. As to the attendant and originating circumstances, when the visible result is so similar, it seems to me very much like begging the question at issue to affirm that the condition of brain they produce is unlike that which prevails in all cases of essential epilepsy. It is fully conceded that, among the cases of epilepsy occurring in our large towns, it is rare to meet with one where the morbid condition is not one of anæmia and weakness and undue mobility, rather than of sthenic excitement and plethora; yet I can by no means admit that the latter condition is to be excluded from our list of causes, and I believe the case I narrated at the beginning of this lecture to afford a fair instance in point. To the above evidence must be added that of Schrœder van der Kolk, to whom we are much indebted for his minute examination into the changes produced in the nervous centres by this disease. He entirely dissents from the view that suddenly induced anæmia is the essential precursory condition of the epileptic attack. Among other observations, he says: "Equally little does this view find support from the fact that, before an attack, epileptic patients are usually more excited, more lively, and more irritable, and their face and their head manifest a greater degree of congestion. In one case I was able to ascertain this with precision. In a young man aged nineteen, who, under the use of digitalis, had continued for a considerable time free from attacks, I found the heat of the head excessively great in comparison with that of the cheek," the temperature of the forehead and vertex exceeding that of the cheek by 13° Fahr. Scarcely fifteen minutes after this observation had been made, a violent attack came on. (Sydenham Society's translation, p. 299.) He has found positive advantage from the use of derivatives, issues, and setons or cupping to the neck; not only the epilepsy, but the consecutive dementia, being removed or greatly amended thereby.

I have often spoken to you of the varying quality of inflammatory disease; and I hope, from this review, you will be inclined to agree with me, that the same holds true of convulsive disorder.—*Brit. Med. Journ.*, Feb. 8, 1868.

THE oldest Doctor in the world, Professor F. Verdugo, Salamanca, Spain, died, lately, aged 105 years. He had practised medicine for eighty years.

PERISCOPE.

OULACHAN OIL AS A SUBSTITUTE FOR COD-LIVER OIL.

The following valuable article has been recently published in the *Pharmaceutical Journal and Transactions*, (London, June, 1868,) by the distinguished botanist and zoölogist, ROBERT BROWN. As our possessions have lately been extended on the north-west coast, it has peculiar commercial and therapeutical interest, and we copy it therefore at length:—

"The fish which forms the subject of this communication may, if we consider its importance to the Indians, or the still more useful purposes to which both the fish itself and its oil might be applied, without fear of contradiction be ranked as one of the most valuable products of the western shores of America. Many of the earlier fur-traders and adventurers refer to it in enthusiastic terms under its Chinook name of *Oulachan* or *Eulachon*,* and give accounts of its abundance in the Columbia River early in this century. All readers of WASHINGTON IRVING's charming 'Astoria,' cannot fail to remember his description of it. It belongs to the family *Salmonidæ*, and is usually classed in Gerard's genus *Thaleicthys*, but as I believe that that genus is separated from the older one of *Osmerus* on very insufficient grounds, I have preferred to designate it as *Osmerus pacificus*. The synonymy and specific characters will therefore stand as follows:—

OSMERUS PACIFICUS (*Salmo* (*Mallotus*) *pacificus*), Richardson Fauna Boreali-Americana; *Thaleicthys Stevensi*, GERARD, Gen. Rep. on Fishes; *Thaleicthys pacificus*, "Grd." COOPER and SUCKLEY Natural History of Washington Territory, Plate LXXV. figs. 1–4; *Osmerus pacificus*, (Rich.) AYRES, Proceedings Cal. Acad. Nat. Science, ii. 64. Head subconical and pointed. Mouth large; posterior extremity of maxillar bone extending to a vertical line drawn posteriorly to the orbit. Eye rather small. Adipose fin placed opposite the posterior portion of the anal, which is rather elongated. The insertion of the ventral fins is situated considerably in advance of the anterior margin of the dorsal. Scales moderate, subelliptical. Dorsal region grayish-olive; middle of flank yellowish-orange,

*Ross Cox calls it "the sweet little anchovy" ('The Columbia River,' etc., vol. i. p. 105.) It is also spelt *hoolakan* and Ulichan. Alexander Ross calls it the "fathom fish," because strung on threads in their dried condition, they were sold by the fathom ('Adventures of First Settlers on the Columbia River,' p. 94).

dotted with black; belly yellowish, unicolor; upper sides and surface of head grayish; fins unicolor.

2. The *Oulachan* or *Eulachon* is a small, delicate-looking fish, about the size of a smelt, and not unlike it, semipellucid, and with fine scales. On or about the 24th of March,—at nearly the same time each year,—it enters the northern rivers, and the southern ones a little later. It was once abundant in the Columbia, but that stream being now disturbed by the traffic of steamers, it is only now in exceptional years that they are caught there in any quantity. In Fraser River, and in most of the rivers on the coast of British Columbia, they are still found at that season (March) in greater or smaller quantities; but it is in the Naas River, falling into the Pacific, in lat. 54° 40′ N., that the Eulachon is found in the greatest quantities, and it is to its capture in that stream that these notes chiefly relate. The fish comes up from the sea into the fresh water for the purpose of spawning, but, unlike most of its allies,—the salmon proper,—on the coast, returns to the sea again, and is not seen until the following year. During that season they swarm in inconceivable shoals, and I can well believe that the Indians indulge in no hyperbole when I have heard them say that their canoes have been lifted in the water by the countless swarms of fishes. Their arrival is at once heralded by flocks of *Laridæ* and other marine birds swooping down to seize upon them, and during the whole of the fishing season the screams of the gulls vie with the shouts of the Indian fishers.

3. By long custom made and provided for, northern tribes have a vested right of fishing the Eulachon on the banks of the Naas, and certain other equally numerous and powerful tribes are prohibited from enjoying this privilege, and are compelled to buy their oil from their more fortunate neighbors. Accordingly, some days before the expected advent of the fish in the river, the Indians assemble from far and near to the number of several thousands, in order that they may take up their proper camping-grounds on the banks. Men, women, and children come,—it is the herring-fishing of the Indians, and all can be employed. A general holiday prevails, and tribes vie with tribes, families with families, in dress and feasting, and show their joyousness in a thousand different ways. Families who have not met for twelve months now meet, and the Eulachon, or *Yghuh* (almost unspellable and certainly unpronounceable), fishing is looked forward to from one year's end to the other as a time for gossiping, courting, and general merrymaking. In a few days, however, the fish begin to make their appear-

ance, and now all are on the alert, and all idling is at an end. The first shoal, as I have said, come into the river, from the 24th to the 27th of March, and stay three days. These are so exceedingly fat that they cannot be cooked in a pan, for they will "blaze up" like a mass of oil. Out of these the best portion of the oil is made. In about three days these begin to disappear, and are succeeded by a second shoal, not so large or so fat, and these again in a day or two by the third and last shoal, which is poorer, and are dried for winter use, being sufficiently free from oil to permit of this. So fat are these last even, that if lighted during the dry state, they will burn like a candle, and are often used as such by the natives, hence they are sometimes called the "candle-fish." The river during the time of fishing presents a busy scene, covered with canoes sweeping the fish in, while others filled are landing and being unloaded by the women and children, again wildly to rush back to share in the harvest. Ashore the scene is not less vivid. Fires are blazing and pots boiling, and boxes being filled with the oil, while in and around and all over, prevails an amount of unctuousness indescribable,—a greasiness of which it is impossible to conjure up the faintest idea! The fish are chiefly taken by nets (in the Naas), but myriads get washed ashore and are caught by the old women and children and kept as their perquisite. In Fraser River they are principally captured by means of a flattened cedar pole, the edges of which for a couple of feet or so near the end being set with sharp teeth or nails, which act like so many spear-points. The Indian, standing in his canoe, sweeps this through the water, and so numerous are they that there is no fear but that a number will be impaled on the points. These are swept behind him into the canoe as a mower uses a scythe, until the canoe is full. Herrings and shoals of all other small fishes are caught likewise in this ingenious mode. Besides those kept for drying or from which the oil is made, vast quantities are used in the fresh state for food, and the sudden arrival of fish, occurring generally just at a time when the Indians' winter stores are nearly finished and they are rather pressed for food, the plethora often proves fatal by producing surfeit.

4. The oil is obtained by putting the fish into water in boxes —generally hollowed out of a solid block of cedar (*Thuga gigantea*, Nutt., *T. Menziesii*, Dougl.), or so closely made as to be water-tight—and then throwing in red-hot stones. This ingenious method of boiling is practised by all the Indians on the north-west coast of America. The oil is then skimmed off the

surface and set aside to cool. The oil is never made by suspending iron vessels (after the more familiar manner of the whites) over the fire, for in that case the fishes would be destroyed, and it would be difficult to separate the broken fragments from the oil. The quality, however, greatly depends upon the care employed, and the amount of heat used to extract the oil from the fatty tissues of the fish. An inferior description is also made by squeezing the fishes out of which the finer oil has already been extracted in the method described, in a cloth against a board.* Properly prepared, the oil is at a temperature of 60° Fahr., amber-colored and liquid. At a lower temperature it becomes thick and opaque, increasing in solidity according to the degree of cold; in this state it is whitish in color, and resembles soft lard. The northern tribe keep it in boxes of their own making, but the more southern Indians—such as the Quăkwolths, at Fort Rupert (lat. 50° 42′ 36″ N., long. 127° 25′ 07″ W.)—preserve it in bottles, made out of the stem of the giant seaweed, *Macrocystis pyrifera*, Ag., squeezing out a little, when required, as a painter does his colors out of the tinfoil tubes.

5. The fish, cooked fresh, is most delicious, and, when salted, is also a very palatable article of food, and held in much re-

* I have given the general rationale of the process of manufacture. There are, however, various superstitions connected with the *oulachan* (as with everything else the Indian has to do with), which entail various minute ceremonies. Mr. William Duncan, the excellent missionary at Metlakatah, thus refers to it in a letter addressed to the Church Missionary Society:—"...The process (of extraction) is as follows: Make a large fire; place three or four heaps of stones as big as your hand in it; while these are heating, fill a few baskets with rather stale fish, and get a tub of water into the house. When the stones are red-hot, bring a deep box, about eighteen inches square, near the fire, and put about half a gallon of the fish into it and as much fresh water, then three or four hot stones, using wooden tongs. Repeat the doses again, then stir up the whole. Repeat them again, stir again; take out the cold stones and place them in the fire. Proceed in this way till the box is nearly full, then let the whole cool, and commence skimming off the grease. While this is cooking prepare another box in the same way. In doing the third, use, instead of fresh water, the liquid from the first box. On coming to the refuse of the boiled fish in the box, which is still pretty warm, let it be put into a rough willow basket, then let an old woman, for the purpose of squeezing the liquid from it, lay it on a wooden grate, sufficiently elevated to let a wooden box stand under; then let her lay her naked chest on it, and press with all her weight. On no account must a male undertake to do this. Cast what remains in the basket, anywhere near the house, but take the liquid just saved and use it over again instead of fresh water. The refuse must be allowed to accumulate, and though it will soon become putrid and change into a heap of maggots, and give out a smell almost unendurable, it must not be removed. The filth contracted by those engaged in the work, must not be washed off until all is over; that is, till all the fish are boiled, and this will take about two or three weeks. All these plans must be carried out without any addition or change, otherwise the fish will be *ashamed* (the Indians think), and perhaps never come back again."

quest among the Hudson Bay Company's traders and other old residents on the coast. The Indians dry vast numbers for winter use, and carry them with them in strings, during their annual migrations south, and for sale to other tribes who come to purchase them as well as oil. The *Tsimpsheans* say that the Naas river clothes them and the Skeena river feeds them, because the *Hydahs*, from the Queen Charlotte Islands, and other tribes who are prohibited from fishing for the *Oulachan* in the Naas, come and purchase the oil from them, paying blankets for it, while the salmon of the Skeena supplies them with abundant supplies of food. I cannot but think that these fish would form a most valuable and lucrative article of commerce either in the salt or dried condition, and that in either of these forms, or preserved in ice, or in their own olive oil, like sardines, they would command a ready market, especially in the Roman Catholic countries along the Pacific coast, in China, and even in Europe, and the Atlantic States of America. A small joint stock company was indeed formed in Victoria, in 1864, for that purpose, but failed for want of capital and in ignorance of the habits of the fish. Before they could get their affairs settled to start north, the season was past, and nothing further was ever done. The Indians, no doubt, declare that no white man shall ever cast a net into the Naas, but independently of this somewhat futile threat, supplies could be purchased from the Indians to almost any amount, and, if sufficient inducement were held out to them, the present catch could very easily be increased tenfold.

6. The oil is of even greater value than the fish itself, as usually seen in the opaque lard-like condition, and after having undergone no other preparation than the rough *trying out* just described, its taste is not unpleasant, and the odor by no means disagreeable. Even in this condition, it has been used by the whites for culinary purposes, and the Indians use it in all their meals, much after the same way as we do butter, using it also as a sauce to their dried salmon. So fond are they of it, and so essential to their health is it (as I shall presently refer to), that the Hydahs and other tribes, as I have already said, come over to purchase it eagerly, and the Hydahs, Stekins, Tsimpsheans, and other northern tribes that winter in Victoria and Puget Sound, will come on board the Metlakathlah mission schooner to purchase it. They complain of the price, but still cannot do without it. An old Tsimpshean once said to me, "I can buy beef and bread cheaper, but my heart never feels good until I have got this grease. There are just two sweet things

in food—*rum* and oulachan oil!" However much we may be inclined, from a civilized stand-point of view, to doubt the soundness of this summation of a lifetime's experience, there is no doubt that this oil, both in an edible and *medicinal* light, is of the utmost value. It is the latter property which the readers of the present article will be most interested in, and which I desire most earnestly to press upon their attention. Its effects on phthisical patients are most wonderful, and, from the moist climate of the northern portions of the Pacific coast, the natives are very subject to phthisis, hæmoptysis, and other forms of pulmonary disease. As it is, many die annually of these complaints, and I believe that I only speak the opinion of all who know these people, or who have thought over the subject, that were it not for this oulachan oil, these northern tribes, once so powerful, and still so courageous, intelligent, and physically fine, would be decimated, and already enfeebled in constitution through vices learnt from the whites, their extermination would soon be *un fait accompli.* It relieves violent coughs in a most remarkable manner, and equally conduces to the accumulation of flesh. In a word, it has all the properties of cod-liver oil and other fish oils in an intensified degree, without their nauseous taste—a taste which is found even in the best and most carefully prepared oils, and prohibits many availing themselves of their valuable qualities. I have known delicate ladies who would have vomited at the smell of the ordinary cod-liver oil, put the bottle of oulachan oil (slightly heated, in order to liquefy it) to their mouths, and drink it without the smallest nausea! If the oil thus rudely prepared by the natives be so little unpalatable, I doubt not but that if it underwent the usual refining processes of the chemist, that it might be produced perfectly tasteless. The old fur traders on the coast everywhere use it in pulmonary diseases, and even send supplies of it into the interior, for the use of friends residing there. It is looked upon almost as a specific, and the few boxes which the Hudson Bay Company's trading vessel brings down on her annual spring voyage (not as an article of commerce, but for the accommodation of friends,) are generally bespoke long before. The medical officers of the Company have long preferred prescribing it to cod-liver oil, both in their own families and in general practice. One of these gentlemen, whose great intelligence and long experience entitle his opinions to every respect,* enter-

* I believe I am at liberty to mention his name. The Honorable John Sebastian Holmecken, Chief Trader and Surgeon H. B. C., Member of the Legislative Council of British Columbia, and formerly Speaker of the Legislative Assembly of Vancouver Island.

tains very similar views to those I have advocated, and I have, moreover, heard him attribute the health and even the existance of the Indians during their exposed life in a *hyperpluviose* climate like that of Fort Simpson and north to Sitka, to the use of oulachan oil. In the course of my journeys into the interior of Oregon and elsewhere, I had occasion to recommend and procure some for friends troubled with phthisical complaints, and in every instance I have heard its merits extolled to the highest degree.

7. The object of this paper has been to draw the attention of pharmaceutists to this oil, and with a view to its being tried in a medicinal and commercial way. In 1864, some specimens were sent to England, and became rancid before arriving, though even in that condition they were valued at the rate of £40 per ton; but I am not aware that it has ever yet been tried in European medicinal practice. I have no doubt that if efforts were made to procure a sufficient quantity to give it a proper trial at the hands of physicians, whose opinions would carry weight with them, the *Oleum Osmeri* would prove a useful addition to our animal Materia Medica, as auxiliary to, or substitute for, the better known and justly esteemed *Oleum Jecoris Aselli* of the Pharmacopœia."

THE PATHOLOGY OF PARALYSIS WITH MUSCULAR DEGENERATION (PARALYSIE MYOSCLÉROTIQUE).

By Dr. DUCHENNE, of Boulogne. Communicated to the Pathological Society of London by Mr. LOCKHART CLARKE, F.R.S.

The clinical facts which serve as a basis for studying the symptomatology of the disease show that paralysis with degeneration (*sclerosie*) of muscles, or with apparent hypertrophy of muscles, is marked, in general, by three distinct periods or stages—a stage of paralysis, a stage of hypertrophy, and a stage in which the paralysis becomes general.

1. The first stage is manifested either at the time when the children should begin to walk, or some years after they have begun. In the former case, although the conformation of these children be quite normal, and although, while lying down or in the arms of their mothers or their nurses, they appear to possess their natural share of mobility, yet, when they arrive at

the age of twelve or fourteen months, if an attempt be made to stand them on their legs, they immediately fall down. It is not until they have attained the age of two or three years that they are able to stand upright or to walk, and even then they require support. In the latter case, after these children have walked well for several years, it is remarked that, either spontaneously or subsequently to some convulsions, they are soon fatigued by standing or walking; that, without some support, they find these operations become more and more difficult and painful, and that they are subject to frequent falls. Whatever may have been the age at which the malady first made its appearance, it is soon observed that, in order to maintain their equilibrium while standing or walking, all these children bend themselves very much backward and keep their legs very much apart; that at each step they incline laterally towards the leg which rests on the ground—a movement which produces a characteristic balancing of the body during progression.

2. The second stage is announced, in general, some months, and even two years, after the beginning of the muscular weakness, by a progressive swelling or enlargement of the gastrocnemii, then of the glutei and the lumbar muscles of the spine. This apparent hypertrophy occurs sometimes in nearly all the muscles that have been affected by paralysis; but, in general, it does not, and it may even be limited to a very small number of the muscles. The extension, to a greater or less extent, of the apparent hypertrophy of the muscles may constitute different varieties of this kind of paralysis. The hypertrophied muscles are firm and elastic; they become very hard while they contract, and show all the relief or projection which properly belongs to their contracted state; they then appear to form a hernial protrusion through the integument, which is very thin. Moreover, their great size shows off the apparent smallness and delicacy of the joints at the knee, ankle, etc.

In one case that came under my observation, both the weakness and the muscular hypertrophy appear to have shown themselves simultaneously. According to the information given by the mother, the child was very large at its birth. But this information is insufficient; we ought to know whether the great size of the body and of the limbs was or was not due rather to the abundance of subcutaneous adipose tissue than to the volume of the muscular masses.

The increase in the size of the muscles does not appear to add to their weakness. This is so far from being the case, that the muscles of the calves, which are always the most hypertro-

phied, are those which are found to have relatively the greatest power.

The morbid phenomena above described may remain in the same state for years—sometimes until a tolerably advanced period of youth.

A new stage of the disease, and the last one, is manifested by a gradual increase in the severity, and a more general extension, of the paralysis. The young patients can no longer stand upright; they always remain in the recumbent posture, without any power to change the position in which they may be placed; and the upper extremities, if they have not hitherto been affected, soon lose all their movements. With this aggravation of the paralysis, hypertrophied muscles may sometimes be seen to melt, as it were, away, and then all the limbs and the trunk become atrophied *en masse*. Although in this stage the patients are reduced to a state of great weakness, they may nevertheless live for a tolerably long time. They are cut off by some intercurrent disease.

Mr. Clarke adds:

Dr. Duchenne informs me that he has been studying this disease for the last eleven years, and is now preparing a small work on the subject. Several cases have been recorded on the continent, and *post mortem* examinations have been made. Eulenburg and Cohnheim examined the body of a child which died of this disease at the age of thirteen. They found the electro-muscular contractility everywhere intact. Nothing abnormal was discovered in the nervous and vascular systems. To the touch, the muscles of the lower limbs gave the sensation of a doughy and inelastic mass. They were marked with stripes or striæ of a yellow or yellowish-white appearance. On section, they shone with a kind of greasy light. At certain points they could not be distinguished by the naked eye from the subcutaneous adipose tissue. The muscles of the upper extremities presented a similar kind of structure; but they were much atrophied, as were also those of the trunk. Under the microscope, those especially of the lower extremities seemed to be filled with adipose tissue; but the muscular tissue itself was not altered. Griesinger and Billroth had already observed a similar state in the living subject. It is rare, however, to find any oily particles in them. (*Verhandl. d. Berliner Med. Ges., 1, 101-205.*) Heller, who examined two brothers that died of this disease, seems to consider it as a kind of fatty degeneration, for he calls it lipomatus. (*Deutsches Archiv f. Klin. Med., 1, 616-627.*) Seidel, also, records three cases belonging to the same family,

under the term of "lipomatous atrophy of the muscles, or muscular atrophy."—*British Medical Journal*, Dec. 14, 1867.

(Since the date of this communication, the article promised by Duchenne has been published in the *Archives generales de Medicine*, Jan.–May, 1868.)

A MODIFICATION OF THE CLINICAL THERMOMETER.

Presented to the Medical Society of the Hospitals of Paris, by M. HERARD.

At this time, when thermometrical researches are in vogue, I thought that the Society would receive with interest the modifications of the thermometer, used as a means of ascertaining the temperature of the body in disease. The instrument is constructed by MM. Alvergniot frères, under the instructions of M. Niederkom, a pupil attached to my service.

The instrument which I present contains mercury, with calibre equaliy and carefully prepared, with a fractional scale, and graduated on glass, by degrees and tenths of degrees. It is "*maximum in all directions, with a permanent bubble of air*," not requiring any manipulations to prepare a maximum, nor any calculation for the reading. The constructor has broken the column of mercury, by the introduction of a very fine bubble of air, above which a fraction of the column remains, serving as an index, and occupying about ten divisions. The instrument is about the size of an ordinary lead pencil; it is about six inches in length, of which three are occupied by the reservoir. The reservoir alone is blown; the body is plain, except the capillary tube, which passes longitudinally through its centre, giving to the instrument all the solidity the material will admit of.

The inferior half of the instrument is not graduated. The superior half is graduated between 34° and 42° (Cent.). This scale suffices for ordinary cases, but it can be made, on the same system, to meet any requirements.

When the index is below the temperature we think we ought to obtain, there is nothing to do but put the instrument in position; if, on the contrary, a preceding observation has shown the index, we must preliminarily arrange the index below the expected temperature, which is accomplished by slight shakings of the instrument.

After two or three minutes, when the equilibrium of tempera-

ture has become established, withdraw it, and the reading is very easily accomplished. "*The index remaining fixed by capillary adhesion at the highest point of the course through which it has just passed.*" The instrument has been so graduated that in order to appreciate exactly the temperature, it is only necessary to read the division just above the level of the index. The scale having only been constructed for ordinary diseases, it is not very long. The divisions have consequently been given in tenths, so as not to make the size inconvenient. By employing mercury, the exact calibre of the tube, and graduation on glass, the skilful operator has been enabled to produce very precise instruments, the sensibility of which is due to the form, to the small capacity of the reservoir, and above all, to the extreme capillarity of the tube. For more than two months M. Niederkom has used it daily under my personal observation, and it performs with perfect regularity. In addition to its above-mentioned qualities, this advantage can be claimed for it over the ordinary instrument, viz., "*that the reading is no longer made on the patient, and can be deferred.*" Thus it is always exact and convenient, despite its extreme capillarity, because we can always seek the most favorable spot for the reading where the light is strongest.

With the instrument in use to-day, we meet with inevitable causes for cooling the instrument; for we must either leave a portion of the body of the instrument exposed to the air in maintaining an opening between the skin and clothing during the entire observation, or place the reservoir in the axilla, the entire body applied along the side by means of the arm, and carefully cover the patient. This procedure gives a just equilibrium, but at the moment when we wish to ascertain the temperature, we uncover the patient in order to bring the body in sight, and then we expose ourselves to the same causes of error as before. These objections disappear in employing this method of the maximum thermometer; for once the equilibrium is registered, it can not change, grace to the index. Thus disappear also, in great part at least, the reasons given generally for preferring the rectal temperature in hospital practice.

To place the instrument in position and withdraw it is a manœuvre so simple, that the patient himself or any one of his family can perform it without any chance of error. Then it can be applied without any trouble on the most modest lady without shocking her delicacy.—*S. H. Frazer.—L'Union Medicale*, 1868.

CASE ILLUSTRATING THE NATURE OF EPILEPSY.

By Prof. L. MAROWSKY, of Charcow, Russia.

This case is reported as a further contribution to the researches of Dr. Nothnagel (cf. p. 67 of this volume) concerning the origin of the epileptic attack, and the author is of opinion that it proves beyond controversy that many, if not all, forms of epilepsy are owing to a spastic contraction of the cerebral arteries; in other words, that epilepsy is a *vasomotor neurosis of the brain.* The arterial spasm may be induced by various causes, either directly or by reflex action; hence the multifarious forms and modifications of the disease. Whenever these causes are known, or discovered *post mortem*, we speak of "symptomatic epilepsy;"—when they remain unknown, we call the disease "essential" (idiopathic) epilepsy.

The case is that of a cadet, æt. 16, with a moderate phlegmonous inflammation extending from the left ala of the nose to the middle of the left cheek. The young man was naturally very excitable, nervous, but of strong build and in good condition. The tumor was very painful, at the circumference hard and red; the centre was dark-red, almost livid, and showed fluctuation so distinct as to indicate the propriety of opening the abscess. This little operation was performed immediately, the patient standing. A small, but sufficient, opening had scarcely been made with a sharp lancet, when the skin immediately around the incision, which had been dark-red, became perfectly white. This white margin rapidly extended farther and farther, all of the red inflamed surface became as white as chalk, the patient became restless, his pupils dilated and his countenance grew pale; he fell, lost consciousness, and, after a slight tetanic contraction, was attacked with clonic convulsions of the face, hands, and feet, and foaming at the mouth. After a half or at most one minute, the convulsions ceased, the patient became quiet, his face reddened, the pulse, which had been slow, contracted and tense, became frequent and easily compressible, the skin moist, and after five or ten minutes the patient awoke, remembered nothing of the accident, and for the rest of the day remained depressed, feeble, and incapable of mental exertion.

The author supposes that he had caused, by the incision, a reflex spasm of the cerebral arteries, leading to general anæmia of the organ, which then caused convulsions and loss of consciousness. The tonic contraction of the cerebral vessels must have been general, affecting the base as well as the periphery,

because loss of consciousness occurred simultaneously with general tonic and clonic convulsions.

The patient has been under observation for two years since this occurrence, but never had a second attack; nor had he ever suffered from an epileptic attack previously, though he had always been very irritable as a boy.—*Deutsches Archiv f. klin Med.*, vol. iii., p. 615. 1867.

LIQUEFYING LAUGHING GAS.

The uniform efficiency and safety of laughing gas as an anæsthetic has prompted *The British Medical Journal* to suggest that a bottle be made strong enough to hold the gas in a liquid form, and of such weight and dimensions that it may be easily carried by the surgeon in his daily rounds. At present it is used by dentists from large gas-bags, into which it is placed as soon as made. Laughing gas is composed, according to the new notation, of two atoms of nitrogen and one of oxygen. These two elements are the principal constituents of common air. Laughing gas or nitrous oxyde can be liquefied under a pressure of 750 pounds per square inch when at the temperature of 45° Fahr. The most convenient and safe receptacle for the liquid would be a brass or copper tube, not more than a foot in length, and of such thickness as to resist a pressure of at least 1500 pounds, or several tubes of the ordinary thickness might be united side by side and made entirely safe.

To get the nitrous oxyde gas into a portable shape, is certainly "a consummation devoutly to be wished."

Book Notices.

Vesico-Vaginal Fistula from Parturition and other Causes: With Cases of Recto-Vaginal Fistula. By Thomas Addis Emmet, M.D., Surgeon-in-Chief to the New York State Woman's Hospital, etc., etc. New York: William Wood & Co. 1868. For sale by W. B. Keen & Co.

This is an octavo volume of 250 pages, good paper, fair type, and good binding. It is a very interesting monograph on the

subject of vesico-vaginal fistula; embracing the causes, nature, and best methods of treating this class of injuries. It contains cuts representing the various instruments used, the position of the fistula with the sutures introduced, and many illustrative cases. It is a valuable addition to our literature.

Diseases of Children. A Clinical Treatise based on Lectures delivered at the Hospital for Sick Children, London. By THOMAS HILLIER, M.D., London, Fellow of the Royal College of Physicians, Physician to the Hospital for Sick Children, etc., etc. Philadelphia: Lindsay & Blakiston. 1868. For sale by S. C. Griggs & Co. Price, $3.00.

This is a neatly-published octavo volume of 400 pages. The author treats of the following diseases:—Pneumonia; Lobar Pneumonia; Pleurisy; Rickets; Tuberculosis; Diphtheria; Acute Hydrocephalus and Meningeal Tubercle; Chronic Hydrocephalus, Tubercle of the Brain, and other Cerebral Affections; Pyæmia and Ottorrhœa; Chorea; Paralysis; Ascites; Scarlatina; Typhoid Fever; Skin Diseases; Epilepsy and Convulsions; with an Appendix giving formulæ for medicines in children. We have not had time to examine the work sufficient to express an opinion of its merits.

Atlas of Venereal Diseases. By A. CULLERIER, Surgeon to the Hospital Du Midi; Member of the Surgical Society of Paris, etc. Translated from the French, with Notes and Additions, by FREEMAN J. BUMSTEAD, M.D., Professor of Venereal Diseases in the College of Physicians and Surgeons of New York, etc. With about 150 beautifully-colored Figures on twenty-six Plates. Philadelphia: Henry C. Lea. 1868.

Part four of this valuable work is before us. One more part completes it. We gave a pretty full notice of its merits on the reception of the first parts, and now repeat the recommendation then expressed.

Archives de Physiologie Normale et Pathologique Publiées, par MM. BROWN-SEQUARD, CHARCOT, VULPIAN. No. 5, Septem-

bre–Octobre, 1868. Paris: Victor Masson et Fils, 17 Place de L'École-de-Médicine.

This is the fifth number of the Archives of Physiology, both Normal and Pathological, published in Paris, by Brown-Séquard, Charcot, and Vulpian. It is a regular periodical issued every two months; and for such as read the French language readily, it is a most valuable work.

The Diseases Peculiar to Women, including Displacements of the Uterus. By HUGH L. HODGE, M.D., Emeritus Professor of Obstetrics and Diseases of Women and Children, in the University of Pennsylvania. With Illustrations. Second Edition, revised and enlarged. Philadelphia: Henry C. Lea. 1868.

This is an elegantly-published work of over 500 pages; containing the results of the study and observation of one who holds a high rank among the practitioners and teachers of Obstetrics and Diseases of Females, and who has been an active laborer for more than 40 years. This work is arranged in three parts:

The first treats of diseases of *Irritation;* embracing nervous irritation and its consequences, and irritable uterus.

The second treats of Displacements of the Uterus.

The third treats of "Diseases of Sedation;" under which title the author embraces Amenorrhœa and Chlorosis.

Without either criticising or commending all the views presented by the author, we say to our readers, the work is one that will amply repay them for a careful perusal. It is, indeed, one of the most valuable contributions to our medical literature. For sale by S. C. Griggs & Co., Chicago. Price, $4.00.

The Science and Practice of Medicine. By WILLIAM AITKEN, M.D., Edinburgh, Professor of Pathology in the Army Medical School. Second American, from the fifth, enlarged and carefully revised, London Edition. Adopting the new Nomenclature of the Royal College of Physicians of London. With large Additions, by MEREDITH CLYMER, M.D., Ex-Professor

of the Institutes and Practice of Medicine in the University of New York; formerly Physician to the Philadelphia Hospital, etc., etc., etc. In two Volumes, with a Map, Lithographic Plate, and numerous Illustrations on Wood. Philadelphia: Lindsay & Blakiston. 1868. Price, $12.00.

On the appearance of the first American edition of this work, we commended it to our readers, as the most complete and reliable embodiment of the present status of Practical Medicine in Great Britain that had yet been published. The speedy call for a second edition shows that its merits have been extensively appreciated by the profession in this country. In the present edition, the author has added some new chapters, and the American Editor some two or three hundred pages of matter on important topics. It is altogether such a work as the intelligent practitioner will be reluctant to do without.

Criminal Abortion: Its Nature, its Evidence, and its Law. By HORATIO R. STORER, M.D., LL.B., Fellow of American Academy of Sciences, and late Professor of Obstetrics and Medical Jurisprudence in the Berkshire Medical College; and FRANKLIN FISKE HEARD. Boston: Little, Brown & Co. 1868.

This is a neatly-published octavo volume of 215 pages. It presents the statistics, nature, and medical jurisprudence of criminal abortion, in an interesting style, and with a fulness of detail, that makes it a valuable work for members of both the medical and legal professions. We know of no other source from which so much information, both medical and legal, can be obtained on this subject, as from this book.

GLYCERINE.—The solvent power of glycerine upon several substances commonly used in medicine and the arts, is as follows: One part of sulphur requires 2000 parts of glycerine; iodine, 100 part; red iodide of mercury, 340 parts; corrosive sublimate, 14 parts; sulphate of quinine, 48 parts; tannin, 6 parts; veratria, 96 parts; atropia, 50 parts; tartar emetic, 50 parts; iodide of sulphur, 60 parts; iodide of potassium, 3 parts; sulphide of potassium, 10 parts.—*Med. and Surg. Reporter.*

Editorial.

THE regular course of Clinical instruction in the Mercy Hospital was resumed after the summer vacation, on the first Wednesday in September, and a class of good students have been regularly in attendance since. The regular clinics in the County Hospital commences on Friday, October 2d, and will be continued until next summer. The Rush Medical College commenced its regular annual lecture term on Wednesday, September 30th; and the course in the Chicago Medical College commences on Monday, October 5th. Chicago has become as truly a great centre for medical education, as for commerce.

IN another part of the present number of the EXAMINER, we take the liberty to publish, entire, the Semi-Annual Report of the Surgical Institute at Jacksonville. In the paragraph relating to chronic ophthalmia, the author of the Report wishes a correction made, so that the second sentence shall read thus: "The division of the ciliary bands as practised by Mr. Hancock of London, and recommended by Dr. J. S. Hildreth of Chicago," etc.

TRANSACTIONS OF ILL. STATE MED. SOCIETY.—The annual volume of the Transactions of the Eighteenth Anniversary Meeting of the Illinois State Medical Society has been issued, and copies mailed to all the Members whose annual assessment for 1868 has been paid. If any fail to receive them they will please notify the Secretary, Dr. N. S. Davis, Chicago, Ill.

The present volume contains 112 pages, and is illustrated by several neatly executed cuts.

It contains reports on Chronic Inflammation of the Hip-joint, by Dr. R. G. Bogue, of Chicago; on Spinal Curvatures, by Dr. F. O. Earle, of Chicago; on Improved Form of Endoscope, by Dr. E. Andrews, of Chicago; on the Pathology and Treatment of Epidemic Cholera, by Dr. N. S. Davis, of Chicago; on Ophthalmology, by Dr. H. H. Roman, of Springfield, Ill.; on Ob-

stetrics, by Dr. E. W. Moore, of Decatur, Ill.; and short papers by Drs. Holmes, of Chicago, E. P. Cook, of Mendota, and D. Prince, of Jacksonville.

Action of Caffein.—According to the experiments of M. Leven, as published in the *Archives of Physiology*, for Jan.–Feb., 1868, Caffein is a direct stimulant or excitant of nervous sensibility and action. Soon after its administration, the pulse is increased in frequency and force; respiration is accelerated; the muscular system contracts more vigorously, and secretions generally are moderately increased. It does not appear to be digested or appropriated in the system, but is readily elimenated within a few hours after it is taken.

Medical Depart. of the Cumberland University.—We have received a slip, by which we learn that a new Medical College with the above title has been organized in Nashville, Tenn.; and will commence its first regular course of instruction on the 2d of November next. *Prominent* as members of the Faculty, we notice the names of Paul F. Eve and Thomas R. Jennings, who recently retired from the faculty of the Medical Department of the University of Nashville, and E. S. Gaillard, late of the Richmond Medical College.

Louisville and Richmond Medical Journal.—A few months since, at the request of the Editor of the Journal just named, we inserted a paragraph stating that our subscribers could also be supplied with the *Louisville & Richmond Medical Journal* for $3,00 per annum. Since that time, the commutation arrangement has been discontinued, on account of the enlargement of that Journal. It is one of the largest and best monthly medical journals in the country, with a regular subscription price of $5,00 per annum.

Advertising.—We are often applied to by advertising agents and others for our terms of advertising, not only medical books, appropriate cards of pharmaceutists, druggists, etc., but all sorts of medical compounds, goods, wares, and merchandize.

We wish to inform all parties that the EXAMINER is intended to be a periodical devoted to medical science and education, and not a news board, with our name at the top, under which anyone can write their own puffs, or stick their own handbills, on the payment of a certain number of dollars. Our notions of professional obligation and propriety, will no more permit us to furnish the medium for heralding such advertisements as "Hunnewell's Eclectic Pills," "Hunnewell Tolu Anodyne," "Hygienic Wine," "Juniper Tar Soap," "Fourgera's Pectorial Paste," "Hoff's Malt Extract Beverage of Health," and a score of others, than to order them in prescriptions for our patients.

Neither will we encourage pharmaceutists to make up all sorts of combinations of medicines not officinally recognized in the pharmacopia. The combination of medicines adapted to the wants of each patient is one of the most delicate and important duties of the physician; requiring as much accuracy of judgment as the determining of the pathology or diagnosis of the case. The whole tendency of the use of such mixtures as "Elixir Calasaya, Iron, and Bismuth;" "Elixir Pepsine, Strychnia, and Bismuth," etc.; is to induce the practitioner to forego all adjustment of the quantity of each remedy to the special wants of each case. It equally tends to destroy all uniformity of the therapeutic experience.

If one practitioner uses the incongruous mixtures of one manufacturing house; another uses those of another house; and a third uses the medicines and formulas recognized as officinal, and each reports the results of his practice in a given disease, how are we to compare the results? Let pharmaceutists exercise their skill in giving us pure articles of medicine; in separating the active principles from the crude and inert parts; in making such combinations of the active principles as are truly chemical; and in putting the individual medicines into compact and palitable form for administration, and we will cordially aid them in their work. But let them leave the business of combining medicines designed for this or that disease or class of diseases entirely to the practitioner, at the bedside of his patient.

Mortality Report for the Month of August:—

CAUSES OF DEATH.

Accident, drowned	4	Convulsions,	65	Hemorrhage, internal,	2
" burned,	2	" diarrhœa,	3	Hemoptysis,	1
" fall of derrick	1	" enteritis	1	Hepatitis,	1
" machinery,		" teething	5	Hernia strangulated	1
" railroad,		Croup,	5	Heart, disease,	3
" shot,	1	" membranous	1	Heart, valvular disease	1
" team,	1	Cynanche maligna	1	Hip, disease of	1
" upsetting cart	1	Cyanosis,	1	" contusion,	1
Abdomen, injury of,	1	Debility	5	Hydrocephalus,	16
" contusion,	1	Deficient development from injury	1	" chronic	1
Angoria following scarlet fever,	1	" vitality,	1	" acute,	4
Anæmia,	1	Diphtheria,	1	" chronic diarrhœa	1
Apoplexy,	3	" and scarlet fever,	1	" cholera infantum	2
Apthæ,	1	Diarrhœa,	60	" teething	1
Births, premature,	26	" chronic,	13	Inanition,	17
" still,	28	" and dysentery	1	Ileus,	1
" tedious	1	" convulsions	1	Injuries by falling in well	1
Bowels, congestion of,	2	" diphtheria	2	Jaundice	5
" inflammation,	6	Dropsy,	3	Laryngitis,	2
Brain, congestion of,	4	" abdominal,	2	Liver, cirrhosis of	1
" congestion of and organic disease of heart,	1	" and general debility,	1	" congestion of,	1
" congestion of and croup,	1	Duodenum, cancer of	1	Lungs, congestion of	3
" congestion of and disease of spine,	1	Dysentery	45	" œdema of,	1
" disease of,	3	" acute,	2	Measles,	2
" " " and cholera infantum,	1	" and cholera morbus,	1	Metral insufficiency	1
" inflammation of,	6	" gastritis,	1	Meningitis	7
Bronchitis,	1	" typhoid,	1	" convulsions	1
" capillary,	1	" teething	2	" diarrhœa,	1
" and diarrhœa	1	Dyspepsia	1	" tuberculous	1
Breast cancer of,	2	Endocarditis	1	Mouth, canker sore of	1
Caries of spine and congestion of lungs,	1	Enteritis,	8	Old age,	5
Carbuncle,	1	Encephalitis,	5	" chronic diarrhœa,	1
Cellutitis pelvic,	1	Enterocolitis	10	Opium, overdose,	1
Cholera infantum,	266	Epilepsy	2	Palate defective,	1
" " diarrhœa	2	Erysipelas,	3	Parotitis and scarlet fever,	2
" " enteritis	1	" malignant	1	Paralysis, from sunstroke,	1
" " scarlet e	1	Exhaustion,	1	Peritonitis,	6
" " teething	6	Fever, congestive,	2	Pelvic and iliac cellular tissues suppuration of, from inflammation of caecum,	1
" " whooping cough,	4	" intermittent,	2	Pulmonum, ateleclasis	2
" morbus,	9	" puerperal,	2	Pneumonia,	10
" " and diarrhœa	1	" remittent	1	" and whooping-ough,	1
" " diptheria	1	" scarlet,	16	Phthisis, acute,	1
" " rheumatism,	1	" and angina,	1	" pulmonalis	41
Colic, lead,	1	" typhoid,	29	" rheumatism,	1
Childbirth	1	Gastritis	1	Phrenitis,	1
		" chronic	1		
		" and diarrhœa,	1		
		" and whooping cough,	1		
		Gastrœntrites,	5		
		Gout	1		

Purpa and cholera infantum,	1	Skull, fracture of,	1	Unknown,	2
Rheumatism, inflammatory,	1	Tabes mesenterica,	39	Vitality, deficient,	1
Stomach, cancer of,	2	Tetanus,	1	Whooping-cough,	10
" inflammation	1	Teething,	37	" " convulsions	1
" ulceration and hemorrhage	1	" and diarrhœa	6	" " diarrhœa,	1
" " from	1	" hydrocephalus	1	" " pneumonia	2
Suicide,	3	Trismus	1	" " typhoid fever,	1
		Throat, cancer of,	1		
		Uræmia,	1		
		Uterus, cancer of,	1	Total,	943

COMPARISON.

Deaths in Aug., 1868, 943 | Deaths in Aug., 1867, 697 | Increase, 246

Deaths in July, 1868, 897 | Increase, 46

AGES.

Under 5	733	40 to 50	41	90 to 100	0
5 to 10	25	50 to 60	12	100 to 110	1
10 to 20	21	60 to 70	20	Unknown	2
20 to 30	49	70 to 80	6		
30 to 40	30	80 to 90	3	Total	943

Males, 511 | Females, 432 | Total, 943

Single, 841 | Married, 102 | Total, 943

White, 936 | Colored, 7 | Total, 943

NATIVITY.

Chicago	643	England	5	Scotland	4
Other parts U. S.	101	Germany	82	Sweden	15
Austria,	2	Holland	2	Switzerland	2
Bohemia	9	Ireland	45	Unknown	3
Canada	6	Norway	16	Russia,	1
Denmark	2	Poland	1		
Nova Scotia,	1	Wales,	1	Total,	943
New Foundland,	1	Italy,	1		

MORTALITY BY WARDS FOR THE MONTH.

Ward.	Mortality.	Pop. in 1868.	One death in	Ward.	Mortality.	Pop. in 1868.	One death in
1	13	11,991	922	14	70	14,168	202 1-3
2	28	13,739	490 3-5	15	72	20,429	280 1-3
3	45	16,620	369 1-3	16	41	16,011	393
4	33	16,499	497	Bridewell,	1		
5	63	13,434	213 1-4	County hosp.	19		
6	62	12,507	201 3-4	Chi. River,	2		
7	113	21,957	193 7-8	Mercy Hosp.	4		
8	60	14,003	233 1-3	Police Stat.	1		
9	45	18,050	401 1-6	Protes. Orphan asylum,	2		
10	29	13,644	470 1-2	Lake Michi.	3		
11	49	13,317	271 3-4	Immigrants	34	St. Joseph's Orph. As.	1
12	71	14,739	209			Home for Friendless,	6
13	76	11,113	146 1-5				

Total, 943

DEATHS.—The daily papers of St. Louis announce that on the 25th inst. (September) JOSEPH N. MCDOWELL, M.D., of that city, died from congestive chills, aged 63 years.

Dr. McDowell had long occupied a prominent position, as a surgeon and teacher, in the profession. He was a man of great talents and remarkable eccentricities.

CLINICAL LECTURES ON DISEASES OF THE EYE AND EAR AT THE CHICAGO EYE AND EAR INFIRMARY.—The Sixth Course of Lectures at the Infirmary, by Dr. E. L. Holmes, will commence on Monday, October 5th, at half-past 1 o'clock P.M., and will continue 20 weeks, on such days and at such hours as may be most convenient to those who attend.

No Institution in the North-West affords the student and practitioner superior opportunities for the clinical study of all forms of ophthalmic diseases, and their medical or surgical treatment.

During the past twelve months more than 800 patients received the benefits of the Institution.

During the last Course there was an average daily attendance of 40 patients, a large number of whom required important surgical operations.

Excellent opportunities will be afforded for studying each case and comparing it with other cases. The abnormal condition of the various tissues of the eye will be illustrated, not only by the cases under treatment, but also by numerous plates and a large number of pathological specimens.

The Tickets for the Course of 20 weeks will be $5.00 each. The fees will be devoted to the support of the Infirmary.

Sept. 12, 1868, 16 East Pearson St.

MONEY RECEIPTS TO SEPT. 26TH.—DRS. David B. Taylor, $3; H. L. Butterfield, 3; G. W. Rohr, 3; L. Tibbits, 3; W. H. Crawford, 1; T. D. Washburne, 3; W. H. Mussey, 12.

TO PHYSICIANS.—Prof. HORATIO R. STORER will deliver his fourth private course of twelve lectures on the TREATMENT OF THE SURGICAL DISEASES OF WOMEN, during the first fort-

night of December, with illustrative operative instruction at the Franciscan Hospital for Women, under his charge.

Fee $50, and Diploma required to be shown. Certificates of attendance upon the previous courses have now been issued to twenty-nine gentlemen in different parts of the country.

Hotel Pelham, Boston, Sept., 1868.

CURABILITY OF CONSUMPTION. CASE OF PRESIDENT JEREMIAH DAY.—President Day, of Yale College, died in August, 1867, at the very advanced age of 95 years. He was an instance of what care and judicious treatment can effect in a disease often considered necessarily fatal. We take some of the facts of his life, and of the autopsy, from the *Trans. of the Connecticut State Medical Society*, reported by Professor S. G. Hubbard, M.D., of New Haven.

Jeremiah Day was born in Washington, Conn., August 2d, 1773; and during the war of Independence was old enough to appreciate the nature of the issue involved in that struggle, and well remembered having seen some of the principal actors in it.

His infancy and boyhood were marked by indications of feeble vitality; and the prospect of his arriving to the maturity of manhood, never very flattering, sensibly diminished as he approached that period. He entered the Freshman class in Yale College in 1789, but was soon obliged to leave college on account of a "pulmonary difficulty," which was, doubtless, the incipient stage of the organic disease of the lungs, which subsequently developed itself. These symptoms were so far alleviated, that for two years he taught a school in Kent and Winchester, when he found his health so much improved that he returned to college, and was graduated in the class of 1795.

The succeeding six years, a period of great feebleness, were spent partly in teaching at Greenfield for a year, as tutor in William's College for two years, and as tutor in Yale College for three years, during which last period he studied Theology, and preached occasionally in vacant churches in the vicinity, until 1801, when he was elected Professor of Mathematics and Natural Philosophy in the College.

He was prevented, however, from entering upon his professional studies, by the occurrence of an alarming pulmonary hemorrhage, which happened after a Sabbath service at West Haven, where he preached for the Rev. Dr. Williston. Other hemorrhages followed, by which he was greatly prostrated, losing large quantities of blood. According to the prevailing practice at that time, he was freely bled from the arm—"the

doctors taking," as he remarked to me, "nearly all of the little remaining blood in his body."

In this condition of extreme exhaustion, at the age of twenty-eight, he abandoned temporarily the purpose of entering upon the duties of his professorship, and in September of that year, he made a voyage to Bermuda, to try the effect upon his health of warm climate. While there he was treated with tincture digitalis to the extent of producing its culmulative effects, which were so profoundly sedative, that for a time his life was despaired of. Indeed so reduced and attenuated was he on leaving home, that none of his friends expected to see him again alive, and the published letters of Professor Kingsley and others of that period, lament him as already lost to science and the world. He returned, however, in the following April, but without having experienced any material benefit; so that he now gave up all idea of fulfilling his collegiate appointment; and bidding farewell to his associates, he retired to his home among the hills of Washington, to die.

The hemorrhages continued, and were followed by venesections, until a Dr. Sheldon, of Litchfield, who enjoyed a wide reputation for "curing consumption," chanced to see him, and causually remarked that he needed Iron,"—and "he believed he could cure him."

Although the patient was evidently in a hopeless decline, he was placed under the care of Dr. Sheldon, who would seem to have been an acute observer, and in his knowledge of pathology and therapeutics, far in advance of his time. Under the use of preparations of iron with bark, and nutritious food, Mr. Day soon began to exhibit signs of returning strength and health; and in 1803, although he seemed to his friends literally like one raised from the dead, he was so far restored to health, as to be inaugurated as professor. From this time all symptoms of pulmonary disease disappeared, and did not return.

On opening the thorax, only a moderate quantity, perhaps a pint, of serum was found in both cavities,—the lungs were every where quite free from tubercular deposit, and in all respects healthy. In the apex of each lung, however, was found a dense, corrugated circular cicatrix, an inch and a half or more in diameter,—also a *third* cicatrix, on the left side of the left lung, a few inches below the apex, each involving such a depth of tissue, as to indicate that the vomicæ of which they were the remains, had been large and of long duration. Both lungs were slightly adherent at the apex.

Here then, was all that remained to mark the beginning, pro-

gress, and cure of a case of tubercular consumption, occupying *twelve years* in its period of activity, and with its incipient stage, dating back more than *three-quarters of a century*. A legible record, surpassing in interest and importance to the human race, those of the slabs of Nineveh, or the Runic inscriptions. —*Med. and Surg. Reporter.*

THE Trustees of the Fiske Fund, at the annual meeting of the Rhode Island Medical Society, held in Providence, June 10, 1868, gave notice that no awards had been made on the questions proposed by them the past year.

They offer the following subjects for 1868:

1. Bromides, their physiological effects and therapeutical uses.
2. Cerebro-Spinal Meningitis, pathology and treatment.
3. "Grave's disease" (so called), pathology and treatment.
4. Carbolic Acid, its therapeutical effects and hygienic uses.

For the best dissertation on each of these subjects they offer a premium of one hundred dollars.

Every competitor for a premium is expected to conform to the following regulations, *viz.:*

To forward to the secretary of the Fiske Fund Trustees, on or before the first day of May, 1869, free of all expense, a copy of his dissertation, with a motto written thereupon, and also accompanying a sealed packet, having the same motto inscribed upon the outside, and his name and place of residence within.

Previously to receiving the premium awarded, the author of the successful dissertation must transfer to the trustees all his right, title, and interest in and to the same, for the use, benefit, and behoof of the Fiske Fund.

Letters accompanying the unsuccessful dissertations will be destroyed by the trustees, unopened, and the dissertations may be procured by their respective authors, if application be made therefor within three months.

Address,

S. AUG. ARNOLD, M.D., Providence,
Secretary of Fiske Fund Trustees.

AT the annual meeting of the Committee on the Boylston Medical Prize Questions, on the first Wednesday in June, 1868, it was announced that no dissertation had been presented on either of the questions proposed.

The following questions are proposed for 1869:

1. Food in Disease, acute and chronic; its variety, advantages, dangers, and relation to appetite.

2. The Surgical Treatment of Hemorrhoids, and the Surgical Treatment of Fistula in Ano, with its result.

The author of the best dissertation on either of the subjects proposed for 1869 will be entitled to a premium of one hundred and fifty dollars.

Dissertations on these subjects must be transmitted, postpaid, to John Jeffries, M.D., on or before the first Wednesday in April, 1869.

The following are the questions proposed for 1870:

1. The Modern Pathology of Tumors.

2. Aphasia, or the Relation of the Brain to Speech.

Dissertations on these subjects must be transmitted as above, on or before the first Wednesday in April, 1870.

The author of the best dissertation considered worthy of a prize, on either of the subjects proposed for 1870, will be entitled to a premium of two hundred dollars.

Each dissertation must be accompanied by a sealed packet, on which shall be written some device or sentence, and within which shall be enclosed the author's name and residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

The writer of each dissertation is expected to transmit his communication to the President, John Jeffries, M.D., in a legible handwriting, within the time specified.

M. Nelaton.—The elevation of this eminent surgeon to a Senatorship by Napoleon III. has excited more than usual interest, inasmuch as it was stated to be the more honorable, not being accompanied by the condition that he should retire from the practice of his profession, as was the case when the same honor was offered to M. Double by Louis Philippe. It would appear, from the following statement by M. Latour (*Union Medicale*), that there is some doubt about this matter; and he gives a correct version of the anecdote about Double. Double was the friend and physician of Marshal Soult, and it was at his request that Louis Philippe consented to create Double a peer, on the condition, however, that he give up practice. The Marshal took the nomination to Double himself, and stated the condition attached to it. Double was very rich, approaching the end of his career, of simple, or even austere, habits; and certainly the desire of gain, and of the enjoyments obtainable by money, had no part in the resolution he came to. "Tell

the King," he replied to the Marshal, "I can submit to no conditions. If I am to enter the Luxembourg, it must be stethoscope in hand." This was too much for Louis Philippe, and the affair came to nothing. After all that has been said about the greater liberality manifested towards M. Nélaton by attaching no such conditions, it seems that he is to retire from practice! It is true that he has some time contemplated doing this, and has been withdrawing from consultations and operations; but it is very doubtful whether he would have received the nomination had this not been known to be the case. With respect to the immense income he is said to derive from his practice, M. Latour believes the statement that it amounts to 600,000 francs is a great exaggeration. Trousseau, at his most flourishing period, observed that there were but three practitioners in Paris whose income had sometimes exceeded 200,000 francs —*viz.:* himself, and MM. Nélaton and Ricord. However this may be, Nélaton's retirement, and the deaths within so short a space of time of men so largely consulted as Trousseau, Velpeau, Rayer, and Jobert, have placed immense opportunities within the reach of the rising practitioners.

THE PHYSICIAN'S VISITING LIST.—This annual volume, issued by Messrs. Lindsay & Blakiston, has now reached the 18th year of its publication, and is so well known, and its usefulness is so generally recognized, that it is sufficient to announce that the List for 1869 has appeared, and may be obtained from all booksellers.—*Ibid.*

BOARD OF EXAMINERS:

DR. WILLARD PARKER, Surgery.
DR. ISAAC E. TAYLOR, Obstetrics.
DR. AUSTIN FLINT, Principles and Practice of Medicine.
DR. STEPHEN SMITH, Anatomy.
DR. B. W. McCREADY, Materia Medica.
DR. A. L. LOOMIS, Physiology.
DR. SAMUEL ST. JOHN, Chemistry.
DR. C. R. AGNEW, Hygiene.

Occasional Lectures, on important specialties, will be delivered by the following gentlemen: DR. AUSTIN FLINT, DR. A. L. LOOMIS, DR. JAMES R. LEAMING, DR. HENRY D. NOYES, DR. GOUVERNEUR M. SMITH.

THE SESSION OF 1868-9

WILL OPEN NOVEMBER 2d, 1868, AND CONTINUE FIVE MONTHS.

The plan of instruction adopted in this Institution is progressive in character, requiring attendance at College during three sessions. Students in their first year will be occupied chiefly with the fundamental branches; working in the Anatomical Rooms, the Laboratory, and the Pharmacy; they will receive an outline of the other branches. In their second year, they will continue the same branches, in their higher departments, and receive full instruction in Medicine, Surgery, and Obstetrics. In their third year, the instruction in these three subjects will continue; and they will enter into Practical Medical Work, under the supervision of their Professors, and will review the fundamental branches Hygiene will be continued through the three years, and will be taught practically, as well as theoretically.

Examinations will be held at the close of each term, on the subjects therein taught; and a general examination will take place at the end of the third year.

It will be the aim of the College to make its students accurate observers, careful Practitioners, and thorough Hygienists.

The liberal sentiment of New York has opened to women the great City Hospitals and Dispensaries, with their admirable Clinical Lectures. Among these may be mentioned Bellevue Hospital, which receives annually from ten to twelve thousand patients, over five hundred being obstetrical cases; the Charity Hospital, which contains usually about one thousand patients, the large proportion being affected with chronic diseases; the Fever and Small-Pox Hospitals; the Hospital for Epileptics and Paralytics; the Nursery Hospital; the Insane Asylum; the New York Eye and Ear Infirmary; the Demilt, and other City Dispensaries.

THE NEW YORK INFIRMARY, also, with its long established practice, will place, annually, between six and seven thousand patients under the constant care and observation of its students, thus affording unequalled opportunities for Practical Medical Study.

Students desiring to pursue a specialty will find ample opportunity in this City.

FEES.

Matriculation Ticket	$5 00
Professor's Ticket	105 00
Demonstrator's Ticket	10 00
Single Ticket	15 00
Graduation Fee	30 00

College fees must be paid in advance.

For intelligent students, whose means are very small, every effort will be made to render the expense as light as possible. Communications from such students to the Secretary of the Faculty will be considered confidential, and meet with kind consideration.

Board can be obtained for $3 50 a week, upward.

A full term of lectures at any regular Medical School will be accepted as one of the sessions of this College.

For further particulars, apply to DR. E. BLACKWELL, Secretary of the Faculty, No. 126 Second Avenue, New York.

CHICAGO MEDICAL COLLEGE.

The regular Annual Lecture Term in this Institution will commence on the first Monday in October, and continue until the fourth Tuesday in March following. Clinical Lectures *daily* throughout the term.

FACULTY.

N. S. DAVIS, M.D., PRES'T OF FACULTY, 166 State Street,
Professor of Principles and Practice of Medicine and of Clinical Medicine.

W. H. BYFORD, M.D., TREAS. OF FACULTY, 62 State St.,
Professor of Obstetrics and Diseases of Women and Children.

EDMUND ANDREWS, M.D., SEC'Y OF FACULTY,
81 Monroe Street,
Professor of Principles and Practice of Surgery and of Military Surgery.

H. A. JOHNSON, M.D., 611 Wabash Avenue,
Professor of Diseases of Respiratory and Circulatory Organs.

C. GILBERT WHEELER, B.S.,
Professor of Organic Chemistry and Toxicology.

RALPH N. ISHAM, M.D., 47 Clark Street,
Professor of Surgical Anatomy and Operations of Surgery.

J. H. HOLLISTER, M.D., 30 Washington Street,
Professor of General Pathology and Pathological Anatomy.

THOMAS BEVAN, M.D., 81 Monroe Street,
Professor of Public Hygiene.

R. J. PATTERSON, M.D.,
Professor of Medical Jurisprudence.

J. S. JEWELL, M.D.,
Professor of Descriptive Anatomy

DANIEL T. NELSON, M.D., 169 Dearborn Street,
Professor of Physiology and Histology.

M. O. HEYDOCK, M.D., 92 Dearborn Street,
Professor of Materia Medica and Therapeutics.

C. GILBERT WHEELER, B.S.,
Professor of Inorganic Chemistry.

E. O. F. ROLER, M.D., 62 State Street,
Adjunct Professor of Obstetrics.

J. M. WOODWORTH, M.D., Lombard Block,
Demonstrator of Anatomy.

S. A. McWILLIAMS, M.D., 166 State Street,
Assistant to Professor of Anatomy.

JULIEN S. SHERMAN, M.D.,
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